Social Security Num: ▮▮▮▮▮▮ Policy Number: 1009208
Agent Number: Insured's Last Name: BERNSTEIN

Printed on Tuesday, May 07, 2013 at 2:24:58PM
==

Begin Date:	2011-11-29	Flags:	
Begin Time:	15:27:30	DTM Job Name:	
User Id:	JPETESD	DTM Return Code:	
Workstation Id:		DTM Task Name:	
Business Area:		DTM Next Task:	
Type:		End Date:	2011-11-29
Status:		End Time:	15:27:30
Queue:			
User Name:	COLE, SHANNON D		

DTM Description:
Comments: AUTH. CALLER DIANA BANKS CALLED W/? ON MINIMUM PREMIUM DUE.   ADVISED HER THAT
            AMOUNT IS NEEDED TO BRING HIM CURRENT.   POLICY IS OVERLOANED.   THEN HIS ANNUAL
            PREMIUM WILL BE DUE ON 12/27/11.

Begin Date:	2011-09-22	Flags:	
Begin Time:	14:13:23	DTM Job Name:	
User Id:	JDESHT	DTM Return Code:	
Workstation Id:		DTM Task Name:	
Business Area:		DTM Next Task:	
Type:		End Date:	2011-09-22
Status:		End Time:	14:13:23
Queue:			
User Name:	DESHASIER, TERRI		

DTM Description:
Comments: refaxed

Begin Date:	2011-09-21	Flags:	9990N2
Begin Time:	11:47:11	DTM Job Name:	
User Id:	JWALDTA	DTM Return Code:	
Workstation Id:		DTM Task Name:	
Business Area:	JLIFE	DTM Next Task:	
Type:	MINPREM	End Date:	2011-09-21
Status:	QPASS	End Time:	11:47:18
Queue:	END		
User Name:	WALDEN, THERESA A		

DTM Description:
Comments:

Begin Date:	2011-09-19	Flags:	9990Y1
Begin Time:	15:31:12	DTM Job Name:	
User Id:	JRATLCM	DTM Return Code:	
Workstation Id:		DTM Task Name:	
Business Area:	JLIFE	DTM Next Task:	
Type:	MINPREM	End Date:	2011-09-19

```
        Social Security Num:  ■■■■■■■■■■        Policy Number:  1009208
        Agent Number:                           Insured's Last Name:  BERNSTEIN
                    Printed on Tuesday, May 07, 2013 at 2:24:58PM
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```
    Status:          PROCESSED              End Time:        15:31:18
    Queue:           CSQC
    User Name:       RATLIFF, CASSIE M
 DTM Description:
    Comments:
```

- -

```
    Begin Date:      2011-09-19             Flags:           9990N0
    Begin Time:      15:31:10               DTM Job Name:
    User Id:         JRATLCM                DTM Return Code:
    Workstation Id:                         DTM Task Name:
    Business Area:   JLIFE                  DTM Next Task:
    Type:            MINPREM                End Date:        2011-09-19
    Status:          ALPHAMATCH             End Time:        15:31:10
    Queue:           CSPROC
    User Name:       RATLIFF, CASSIE M
 DTM Description:
    Comments:
```

- -

```
    Begin Date:      2011-09-19             Flags:
    Begin Time:      15:15:20               DTM Job Name:
    User Id:         JBORGJC                DTM Return Code:
    Workstation Id:                         DTM Task Name:
    Business Area:                          DTM Next Task:
    Type:                                   End Date:        2011-09-19
    Status:                                 End Time:        15:15:20
    Queue:
    User Name:       BORGENS, JOHN C
 DTM Description:
    Comments:        plz send po letter showing min prem neeeded to keep inforce for the next two
                     yrs and fax to po @561-988-0833
```

- -

```
    Begin Date:      2011-09-19             Flags:           9990N0
    Begin Time:      15:14:32               DTM Job Name:
    User Id:         JBORGJC                DTM Return Code:
    Workstation Id:                         DTM Task Name:
    Business Area:   JLIFE                  DTM Next Task:
    Type:            MINPREM                End Date:        2011-09-19
    Status:          ALPHAMATCH             End Time:        15:15:41
    Queue:           CSPROC
    User Name:       BORGENS, JOHN C
 DTM Description:
    Comments:
```

- -

Social Security Num: ▓▓▓▓▓▓   Policy Number: 1009208
Agent Number: Insured's Last Name: BERNSTEIN
                Printed on Tuesday, May 07, 2013 at 2:24:58PM
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  Begin Date: 2011-09-19   Flags: 9990N0
  Begin Time: 15:14:27   DTM Job Name:
  User Id: JBORGJC   DTM Return Code:
  Workstation Id: DTM Task Name:
  Business Area: JLIFE   DTM Next Task:
  Type: PHONE   End Date: 2011-09-19
  Status: PHONE   End Time: 15:14:27
  Queue: CSPROC
  User Name: BORGENS, JOHN C
DTM Description:
  Comments:

- -

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

September 20, 2011

SIMON BERNSTEIN
7020 LIONS HEAD
BOCA RATON, FL 33496

Insured Name: SIMON BERNSTEIN
Policy Number: 1009208
Correspondence Number: 09479736

Dear Simon Bernstein:

Thank you for contacting Heritage Union Life Insurance Company. We have received your request to calculate the minimum premium required for the above referenced policy. In order to bring this policy to a current status, please remit a premium payment of $32,662.94 prior to grace period ending date of December 01, 2011. This premium will pay this policy to December 27, 2011

The current scheduled premium amount of $31,831.00 is no longer adequate to cover your cost of insurance plus any policy expenses and maintain a positive cash value. Effective September 19, 2011 the annual premium has been changed to $99,416.00. As of December 27, 2011 the annual premium will need to be increased to $108,928.00.

As you are paying the minimum premium, it may be necessary to increase the premium to cover the cost of insurance each year which increases according to the insured's attained age. We encourage you to review the terms of your policy and your Policyholder Statement each year to determine if and when an adjustment in your minimum premium is necessary.

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

Sincerely,

Client Services

Enclosure(s):   Return Envelope

Social Security Num: ███████   Policy Number: 1009208
Agent Number: Insured's Last Name: BERNSTEIN
Printed on Tuesday, May 07, 2013 at 2:25:50PM

```
Begin Date:      2011-09-21        Flags:
Begin Time:      12:11:04          DTM Job Name:
User Id:         JBASTL            DTM Return Code:
Workstation Id:                    DTM Task Name:
Business Area:                     DTM Next Task:
Type:                              End Date:        2011-09-21
Status:                            End Time:        12:11:04
Queue:
User Name:       BAST, LORI F
DTM Description:
  Comments:      updated notepad w/ auth to release info
```

```
Begin Date:      2011-09-21        Flags:
Begin Time:      12:10:02          DTM Job Name:
User Id:         JBASTL            DTM Return Code:
Workstation Id:                    DTM Task Name:
Business Area:                     DTM Next Task:
Type:                              End Date:        2011-09-21
Status:                            End Time:        12:10:02
Queue:
User Name:       BAST, LORI F
DTM Description:
  Comments:      confirmed signature from pg 3 of file
```

```
Begin Date:      2011-09-21        Flags:           9990N2
Begin Time:      12:05:23          DTM Job Name:
User Id:         JBASTL            DTM Return Code:
Workstation Id:                    DTM Task Name:
Business Area:   JLIFE             DTM Next Task:
Type:            POLINQUIRY        End Date:        2011-09-21
Status:          PROCESSD2         End Time:        12:11:12
Queue:           END
User Name:       BAST, LORI F
DTM Description:
  Comments:
```

```
Begin Date:      2011-09-20        Flags:           4000N0
Begin Time:      05:50:52          DTM Job Name:
User Id:         IBAJWAX           DTM Return Code:
Workstation Id:                    DTM Task Name:
Business Area:   JLIFE             DTM Next Task:
Type:            POLINQUIRY        End Date:        2011-09-20
Status:          ALPHAMATCH        End Time:        05:51:31
Queue:           CSPROC2
```

Social Security Num: ███████   Policy Number: 1009208
Agent Number: Insured's Last Name: BERNSTEIN
Printed on Tuesday, May 07, 2013 at 2:25:50PM
===

   User Name: KAUR, ANUPREET X
DTM Description:
   Comments:

   Begin Date: 2011-09-19   Flags: 9900N0
   Begin Time: 15:18:12   DTM Job Name:
   User Id: FAXSRVR   DTM Return Code:
   Workstation Id: DTM Task Name:
   Business Area: JLIFE   DTM Next Task:
   Type: FAX   End Date: 2011-09-19
   Status: FAXED   End Time: 15:18:12
   Queue: INDEX
   User Name: Fax Server UserId, BATCH
DTM Description:
   Comments:

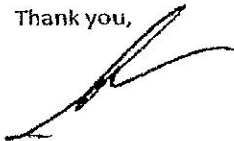
September 19, 2011

Heritage Union Life Ins Company
PO Box 1147
Jacksonville, IL 62651

Re: Simon Bernstein 1009208

To Whom It May Concern:

I authorize Diana Banks to access any information she requests regarding above referenced policy on my life. Please respond and comply to any request.

Thank you,

Simon Bernstein
7020 Lions Head Lane
Boca Raton, Fl 33496
(561) 477-9096

Social Security Num: Policy Number: 1009208
Agent Number: Insured's Last Name: BERNSTEIN
                  Printed on Tuesday, May 07, 2013 at 2:26:49PM
==

Begin Date: 2011-12-16   Flags: 6000N2
Begin Time: 05:17:05   DTM Job Name:
User Id: ACARRLX   DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: JLIFE   DTM Next Task:
Type: OVERLOAN   End Date: 2011-12-16
Status: QPASS   End Time: 05:18:08
Queue: END
User Name: CARR, LIEZEL
DTM Description:
Comments:

Begin Date: 2011-12-15   Flags:
Begin Time: 09:38:53   DTM Job Name:
User Id: ASALIM   DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: DTM Next Task:
Type: End Date: 2011-12-15
Status: End Time: 09:38:53
Queue:
User Name: SALIE, MARIAM
DTM Description:
Comments: Mailed notice of overloaned status. Requested minimum loan payment of
                 $6,539.17 within 61days.

Begin Date: 2011-12-15   Flags: 6000Y2
Begin Time: 09:35:31   DTM Job Name:
User Id: ASALIM   DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: JLIFE   DTM Next Task:
Type: OVERLOAN   End Date: 2011-12-15
Status: PROCESSD3   End Time: 09:39:26
Queue: CSQC2
User Name: SALIE, MARIAM
DTM Description:
Comments:

Begin Date: 2011-12-14   Flags: 6050N0
Begin Time: 14:46:40   DTM Job Name:
User Id: JWIERTJ   DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: JLIFE   DTM Next Task:
Type: OVERLOAN   End Date: 2011-12-14
Status: CS   End Time: 14:46:48

Social Security Num: Policy Number: 1009208
Agent Number: Insured's Last Name: BERNSTEIN
                Printed on Tuesday, May 07, 2013 at 2:26:49PM
==

     Queue: CSPROC2
     User Name: WIERSMA, TONY J
DTM Description:
     Comments:

     Begin Date: 2011-12-14   Flags:
     Begin Time: 14:46:33   DTM Job Name:
     User Id: JWIERTJ   DTM Return Code:
     Workstation Id: DTM Task Name:
     Business Area: DTM Next Task:
     Type: End Date: 2011-12-14
     Status: End Time: 14:46:33
     Queue:
     User Name: WIERSMA, TONY J
DTM Description:
     Comments: policy is still overloaned by 6539.17 as of 12/27/11

     Begin Date: 2011-12-14   Flags:
     Begin Time: 07:31:38   DTM Job Name:
     User Id: ACARRLX   DTM Return Code:
     Workstation Id: DTM Task Name:
     Business Area: DTM Next Task:
     Type: End Date: 2011-12-14
     Status: End Time: 07:31:38
     Queue:
     User Name: CARR, LIEZEL
DTM Description:
     Comments: Actuary please refer to comments and kindly assist.

     Begin Date: 2011-12-14   Flags: 9990N0
     Begin Time: 07:30:32   DTM Job Name:
     User Id: ACARRLX   DTM Return Code:
     Workstation Id: DTM Task Name:
     Business Area: JLIFE   DTM Next Task:
     Type: OVERLOAN   End Date: 2011-12-14
     Status: ACTUARY   End Time: 07:31:42
     Queue: ACTUARY
     User Name: CARR, LIEZEL
DTM Description:
     Comments:

     Begin Date: 2011-12-13   Flags: 6050N0

Social Security Num: Policy Number: 1009208
Agent Number: Insured's Last Name: BERNSTEIN
                    Printed on Tuesday, May 07, 2013 at 2:26:49PM
==

Begin Time: 03:01:03   DTM Job Name:
User Id: AWDBATCH   DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: JLIFE   DTM Next Task:
Type: OVERLOAN   End Date: 2011-12-13
Status: CS   End Time: 03:01:03
Queue: CSPROC2
User Name: Batch Station & User, BATCH
DTM Description:
Comments:

Begin Date: 2011-12-13   Flags:
Begin Time: 03:01:03   DTM Job Name:
User Id: AWDBATCH   DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: DTM Next Task:
Type: End Date: 2011-12-13
Status: End Time: 03:01:03
Queue:
User Name: Batch Station & User, BATCH
DTM Description:
Comments: End Suspension

Begin Date: 2011-12-12   Flags:
Begin Time: 15:24:55   DTM Job Name:
User Id: JTOLARL   DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: DTM Next Task:
Type: End Date: 2011-12-12
Status: End Time: 15:24:55
Queue:
User Name: TOLAND, REGINA L
DTM Description:
Comments: policy internally surrenderd and was reinstated - policy is still overloaned
                   as there is a loan amount of $13,776.38 that we are unable to add to Cyberlife
                   - Cyberlife loan balance only shows 58,401.87 but the actual loan balance is
                   72,178.25 - need to have amount needed calcualted by actuary and an overloan
                   letter needs to be mailed

Begin Date: 2011-11-14   Flags:
Begin Time: 04:24:19   DTM Job Name:
User Id: ALUDDSX   DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: DTM Next Task:

Social Security Num: Policy Number: 1009208
Agent Number: Insured's Last Name: BERNSTEIN
                 Printed on Tuesday, May 07, 2013 at 2:26:49PM
═══

   Type: End Date: 2011-11-14
   Status: End Time: 04:24:19
   Queue:
   User Name: LUDDIE, SHANAAZ X
 DTM Description:
   Comments: Grace letter was sent - holding for $.

- -

   Begin Date: 2011-11-14   Flags: 0000N0
   Begin Time: 04:22:13   DTM Job Name:
   User Id: ALUDDSX   DTM Return Code:
   Workstation Id: DTM Task Name:
   Business Area: JLIFE   DTM Next Task:
   Type: OVERLOAN   End Date: 2011-11-14
   Status: CSWAIT   End Time: 04:24:22
   Queue: CSWAIT
   User Name: LUDDIE, SHANAAZ X
 DTM Description:
   Comments:

- -

   Begin Date: 2011-11-14   Flags: 0000N0
   Begin Time: 04:24:14   DTM Job Name:
   User Id: ALUDDSX   DTM Return Code:
   Workstation Id: .   DTM Task Name:
   Business Area: JLIFE   DTM Next Task:
   Type: OVERLOAN   End Date: 2011-11-14
   Status: CS   End Time: 04:24:14
   Queue: CSPROC2
   User Name: LUDDIE, SHANAAZ X
 DTM Description:
   Comments: Suspend   Suspend Reason   HOLD FOR $
                   Activate Date/Time   2011-12-13 00:00:00 Activate Status   CS

- -

   Begin Date: 2011-11-14   Flags: 6050N0
   Begin Time: 03:01:11   DTM Job Name:
   User Id: AWDBATCH   DTM Return Code:
   Workstation Id: DTM Task Name:
   Business Area: JLIFE   DTM Next Task:
   Type: OVERLOAN   End Date: 2011-11-14
   Status: CS   End Time: 03:01:11
   Queue: CSPROC2
   User Name: Batch Station & User, BATCH
 DTM Description:
   Comments:

AWD History for Work object key 2011-10-06-09.30.19.465281T01
JLIFE - OVERLOAN - QPASS - END - Updateable
- 1009208 -   - BERNSTEIN - SIMON - 19 -

Social Security Num: Policy Number: 1009208
Agent Number: Insured's Last Name: BERNSTEIN
                    Printed on Tuesday, May 07, 2013 at 2:26:49PM
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Begin Date: 2011-11-14   Flags:
Begin Time: 03:01:11   DTM Job Name:
User Id: AWDBATCH   DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: DTM Next Task:
Type: End Date: 2011-11-14
Status: End Time: 03:01:11
Queue:
User Name: Batch Station & User, BATCH
DTM Description:
Comments: End Suspension

Begin Date: 2011-10-13   Flags: 0000N0
Begin Time: 04:18:01   DTM Job Name:
User Id: AMOREM   DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: JLIFE   DTM Next Task:
Type: OVERLOAN   End Date: 2011-10-13
Status: CSWAIT   End Time: 04:26:31
Queue: CSWAIT
User Name: MOREMI, MAPASEKA
DTM Description:
Comments:

Begin Date: 2011-10-13   Flags: 0000N0
Begin Time: 04:26:24   DTM Job Name:
User Id: AMOREM   DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: JLIFE   DTM Next Task:
Type: OVERLOAN   End Date: 2011-10-13
Status: RIPPED   End Time: 04:26:24
Queue: CSPROC2
User Name: MOREMI, MAPASEKA
DTM Description:
Comments: Suspend   Suspend Reason   HOLD FOR $
                 Activate Date/Time 2011-11-14 00:00:00 Activate Status   CS

Begin Date: 2011-10-13   Flags:
Begin Time: 04:26:02   DTM Job Name:
User Id: AMOREM   DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: DTM Next Task:

JCK000315

```
        Social Security Num:                    Policy Number:   1009208
        Agent Number:                           Insured's Last Name:  BERNSTEIN
               Printed on Tuesday, May 07, 2013 at 2:26:49PM
=================================================================================

    Type:                               End Date:         2011-10-13
    Status:                             End Time:         04:26:02
    Queue:
    User Name:       MOREMI, MAPASEKA
  DTM Description:
    Comments:        Grace letter generated within the past 60 days.


  ------------------------------------------------------------------------------

    Begin Date:      2011-10-06            Flags:
    Begin Time:      09:30:19              DTM Job Name:
    User Id:         AWDCYCLE              DTM Return Code:
    Workstation Id:                        DTM Task Name:
    Business Area:                         DTM Next Task:
    Type:                                  End Date:         2011-10-06
    Status:                                End Time:         09:30:19
    Queue:
    User Name:       Batch Station & User, BATCH
  DTM Description:
    Comments:        Beagle ID  Product  Status  Bill Form  Loan Payoff  Cash Value  Surr Value
                     --------------------------------------------------------------------------
                                   U        22       0       57,605.05   50,796.17      6,808
                     .88-

  ------------------------------------------------------------------------------

    Begin Date:      2011-10-06            Flags:            9990N0
    Begin Time:      09:30:19              DTM Job Name:
    User Id:         AWDCYCLE              DTM Return Code:
    Workstation Id:                        DTM Task Name:
    Business Area:   JLIFE                  DTM Next Task:
    Type:            OVERLOAN               End Date:         2011-10-06
    Status:          RIPPED                 End Time:         09:30:19
    Queue:           CSPROC2
    User Name:       Batch Station & User, BATCH
  DTM Description:
    Comments:

  ------------------------------------------------------------------------------
```

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

December 16, 2011

SIMON BERNSTEIN
7020 LIONS HEAD
BOCA RATON, FL 33496

Insured Name: SIMON BERNSTEIN
Policy Number: 1009208
Correspondence Number: 09541880

Dear Policyowner:

We are writing to notify you that your policy loan amount has exceeded the cash value of your policy.

In order to continue your insurance coverage, a payment in the amount of $6,539.17 must be received at the address shown below within 61 days of the date of this letter. If you choose not to remit this amount, your policy will terminate with no benefits payable.

Heritage Union Life Insurance Company
PO Box 371425
Pittsburgh, PA 15250-7425

To prevent your policy loan amount from exceeding your policy's cash value in the future, you must pay the accumulated interest due each year.

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

V0208252006

Sincerely,

Client Services

JCK000317

Social Security Num: Policy Number: 1009208
Agent Number: Insured's Last Name: BERNSTEIN
              Printed on Tuesday, May 07, 2013 at 2:27:47PM

==

Begin Date: 2011-10-31   Flags:
Begin Time: 12:47:29   DTM Job Name:
User Id: JSIMOJJ   DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: DTM Next Task:
Type: End Date: 2011-10-31
Status: End Time: 12:47:29
Queue:
User Name: SIMONS, JINA J
DTM Description:
Comments: refaxed tjhe letter as they never recsd

Begin Date: 2011-10-31   Flags: 9990N2
Begin Time: 12:46:53   DTM Job Name:
User Id: JSIMOJJ   DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: JLIFE   DTM Next Task:
Type: POLINQUIRY   End Date: 2011-10-31
Status: PROCESSD1   End Time: 12:47:03
Queue: END
User Name: SIMONS, JINA J
DTM Description:
Comments:

Begin Date: 2011-10-31   Flags:
Begin Time: 12:46:51   DTM Job Name:
User Id: JSIMOJJ   DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: DTM Next Task:
Type: End Date: 2011-10-31
Status: End Time: 12:46:51
Queue:
User Name: SIMONS, JINA J
DTM Description:
Comments: plz send po letter showing min prem neeeded to keep inforce for the next two
                  yrs and fax to po @561-988-0833

Begin Date: 2011-10-31   Flags: 4000N0
Begin Time: 12:45:53   DTM Job Name:
User Id: JSIMOJJ   DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: JLIFE   DTM Next Task:
Type: POLINQUIRY   End Date: 2011-10-31
Status: CREATED   End Time: 12:46:11

Social Security Num: Policy Number: 1009208
Agent Number: Insured's Last Name: BERNSTEIN
               Printed on Tuesday, May 07, 2013 at 2:27:47PM
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  Queue: CSPROC2
  User Name: SIMONS, JINA J
DTM Description:
  Comments:

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

September 20, 2011

SIMON BERNSTEIN
7020 LIONS HEAD
BOCA RATON, FL 33496

Insured Name: SIMON BERNSTEIN
Policy Number: 1009208
Correspondence Number: 09479736

Dear Simon Bernstein:

Thank you for contacting Heritage Union Life Insurance Company. We have received your request to calculate the minimum premium required for the above referenced policy. In order to bring this policy to a current status, please remit a premium payment of $32,662.94 prior to grace period ending date of December 01, 2011. This premium will pay this policy to December 27, 2011

The current scheduled premium amount of $31,831.00 is no longer adequate to cover your cost of insurance plus any policy expenses and maintain a positive cash value. Effective September 19, 2011 the annual premium has been changed to $99,416.00. As of December 27, 2011 the annual premium will need to be increased to $108,928.00.

As you are paying the minimum premium, it may be necessary to increase the premium to cover the cost of insurance each year which increases according to the insured's attained age. We encourage you to review the terms of your policy and your Policyholder Statement each year to determine if and when an adjustment in your minimum premium is necessary.

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

Sincerely,

Client Services

Enclosure(s):   Return Envelope

Social Security Num: Policy Number: 1009208
Agent Number: Insured's Last Name: BERNS
                Printed on Tuesday, May 07, 2013 at 2:29:52PM

```
Begin Date:      2011-12-07       Flags:
Begin Time:      11:38:41         DTM Job Name:
User Id:         JBUSEKA          DTM Return Code:
Workstation Id:                   DTM Task Name:
Business Area:                    DTM Next Task:
Type:                             End Date:        2011-12-07
Status:                           End Time:        11:38:41
Queue:
User Name:       BUSEY, KATHY A
DTM Description:
Comments:        created work for reinstnouw to apply $32,662.94 received 120511 as lapse date
                 is 120111
```

```
Begin Date:      2011-12-07       Flags:           9996N1
Begin Time:      11:26:08         DTM Job Name:
User Id:         JBUSEKA          DTM Return Code:
Workstation Id:                   DTM Task Name:
Business Area:   JLIFE            DTM Next Task:
Type:            REINSTMNY        End Date:        2011-12-07
Status:          PROCESSED        End Time:        11:38:43
Queue:           END
User Name:       BUSEY, KATHY A
DTM Description:
Comments:
```

```
Begin Date:      2011-12-06       Flags:           9990N0
Begin Time:      04:30:20         DTM Job Name:
User Id:         AWDCYCLE         DTM Return Code:
Workstation Id:                   DTM Task Name:
Business Area:   JLIFE            DTM Next Task:
Type:            REINSTMNY        End Date:        2011-12-06
Status:          RIPPED           End Time:        04:30:20
Queue:           CSPROC
User Name:       Batch Station & User, BATCH
DTM Description:
Comments:
```

Social Security Num: ▬▬▬▬   Policy Number: 1009208
Agent Number: Insured's Last Name: BERNSTEIN
                   Printed on Tuesday, May 07, 2013 at 2:30:41PM
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    Begin Date: 2011-12-12   Flags: 9990N0
    Begin Time: 13:25:45   DTM Job Name:
    User Id: JLYONKA   DTM Return Code:
    Workstation Id: DTM Task Name:
    Business Area: JLIFE   DTM Next Task:
    Type: REINSTNOUW   End Date: 2011-12-12
    Status: QPASS2   End Time: 13:25:48
    Queue: END
    User Name: LYONS, KERI A
  DTM Description:
    Comments:

    --- --- --- --- --- --- --- --- --- --- --- --- --- --- --- --- --- --- ---

    Begin Date: 2011-12-12   Flags:
    Begin Time: 13:25:41   DTM Job Name:
    User Id: JLYONKA   DTM Return Code:
    Workstation Id: DTM Task Name:
    Business Area: DTM Next Task:
    Type: End Date: 2011-12-12
    Status: End Time: 13:25:41
    Queue:
    User Name: LYONS, KERI A
  DTM Description:
    Comments: reinstated policy. funds applied. confirmation to po and also faxing to attn
                      diana fax# 561-988-0833

    --- --- --- --- --- --- --- --- --- --- --- --- --- --- --- --- --- --- ---

    Begin Date: 2011-12-12   Flags: 9990Y2
    Begin Time: 13:25:11   DTM Job Name:
    User Id: JLYONKA   DTM Return Code:
    Workstation Id: DTM Task Name:
    Business Area: JLIFE   DTM Next Task:
    Type: REINSTNOUW   End Date: 2011-12-12
    Status: PROCESSD1   End Time: 13:25:16
    Queue: CSQC
    User Name: LYONS, KERI A
  DTM Description:
    Comments:

    --- --- --- --- --- --- --- --- --- --- --- --- --- --- --- --- --- --- ---

    Begin Date: 2011-12-12   Flags:
    Begin Time: 13:07:12   DTM Job Name:
    User Id: JLYONKA   DTM Return Code:
    Workstation Id: DTM Task Name:
    Business Area: DTM Next Task:
    Type: End Date: 2011-12-12
    Status: End Time: 13:07:12

JCK000322

Social Security Num: ███████   Policy Number: 1009208
Agent Number: Insured's Last Name: BERNSTEIN
           Printed on Tuesday, May 07, 2013 at 2:30:41PM
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     Queue:
     User Name: LYONS, KERI A
  DTM Description:
     Comments: spoke with diana per auth on file. please fax reinstnouw letter to
                      561-988-0833 adv policy status is active

----

     Begin Date: 2011-12-07   Flags:
     Begin Time: 11:31:05   DTM Job Name:
     User Id: JBUSEKA   DTM Return Code:
     Workstation Id: DTM Task Name:
     Business Area: DTM Next Task:
     Type: End Date: 2011-12-07
     Status: End Time: 11:31:05
     Queue:
     User Name: BUSEY, KATHY A
  DTM Description:
     Comments: billed to 122712

     Begin Date: 2011-12-07   Flags:
     Begin Time: 11:30:57   DTM Job Name:
     User Id: JBUSEKA   DTM Return Code:
     Workstation Id: DTM Task Name:
     Business Area: DTM Next Task:
     Type: End Date: 2011-12-07
     Status: End Time: 11:30:57
     Queue:
     User Name: BUSEY, KATHY A
  DTM Description:
     Comments: please apply $32,662.94 received 120511 as policy lapse date is 120111,
                      thanks

     Begin Date: 2011-12-07   Flags: 9990N0
     Begin Time: 11:29:54   DTM Job Name:
     User Id: JBUSEKA   DTM Return Code:
     Workstation Id: DTM Task Name:
     Business Area: JLIFE   DTM Next Task:
     Type: REINSTNOUW   End Date: 2011-12-07
     Status: CSPROC2   End Time: 11:30:10
     Queue: CSPROC2
     User Name: BUSEY, KATHY A
  DTM Description:
     Comments:

Social Security Num: ███████   Policy Number: 1009208
Agent Number: Insured's Last Name: BERNSTEIN
Printed on Tuesday, May 07, 2013 at 2:30:41PM
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December 13, 2011

SIMON BERNSTEIN
7020 LIONS HEAD
BOCA RATON, FL 33496

Insured Name: SIMON BERNSTEIN
Policy Number: 1009208
Correspondence Number: 09538984

Dear SIMON BERNSTEIN :

We are writing to inform you that the above referenced policy has been reinstated.

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

V02032206

Sincerely,

Client Services

Social Security Num: ████████   Policy Number: 1009208
Agent Number: Insured's Last Name: SIMON BERNSTEIN
Printed on Tuesday, May 07, 2013 at 2:32:04PM

===

```
Begin Date:      2011-12-14          Flags:              9990N2
Begin Time:      11:02:18            DTM Job Name:
User Id:         IGRAWM              DTM Return Code:
Workstation Id:                      DTM Task Name:
Business Area:   JLIFE               DTM Next Task:
Type:            UNDAUDIT            End Date:           2011-12-14
Status:          QPASS               End Time:           11:02:24
Queue:           END
User Name:       AGRAWAL, MANOJ
DTM Description:
Comments:
```

```
Begin Date:      2011-12-13          Flags:              9990Y2
Begin Time:      11:42:01            DTM Job Name:
User Id:         IAGARSX             DTM Return Code:
Workstation Id:                      DTM Task Name:
Business Area:   JLIFE               DTM Next Task:
Type:            UNDAUDIT            End Date:           2011-12-13
Status:          AUDITED4            End Time:           11:42:05
Queue:           CSQC2
User Name:       AGARWAL, SHOBHIT X
DTM Description:
Comments:
```

```
Begin Date:      2011-12-13          Flags:
Begin Time:      11:41:57            DTM Job Name:
User Id:         IAGARSX             DTM Return Code:
Workstation Id:                      DTM Task Name:
Business Area:                       DTM Next Task:
Type:                                End Date:           2011-12-13
Status:                              End Time:           11:41:57
Queue:
User Name:       AGARWAL, SHOBHIT X
DTM Description:
Comments:        Report Date : 12/12/2011
                 No underwriting required.
                 Reinstated policy. Premium applied.
```

```
Begin Date:      2011-12-13          Flags:              9990N0
Begin Time:      11:41:30            DTM Job Name:
User Id:         IAGARSX             DTM Return Code:
Workstation Id:                      DTM Task Name:
Business Area:   JLIFE               DTM Next Task:
Type:            UNDAUDIT            End Date:           2011-12-13
```

Social Security Num: ████████   Policy Number: 1009208
Agent Number: Insured's Last Name: SIMON BERNSTEIN
Printed on Tuesday, May 07, 2013 at 2:32:04PM

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Status: CREATED   End Time: 11:41:50
Queue: CSPROC2
User Name: AGARWAL, SHOBHIT X
DTM Description:
Comments:

Social Security Num: ██████████   Policy Number: 1009208
Agent Number: Insured's Last Name: BERNSTEIN
                Printed on Tuesday, May 07, 2013 at 2:32:16PM
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Begin Date:	2011-12-14	Flags:	9996N1
Begin Time:	10:28:04	DTM Job Name:	
User Id:	JRATLCM	DTM Return Code:	
Workstation Id:		DTM Task Name:	
Business Area:	JLIFE	DTM Next Task:	
Type:	MINPREM	End Date:	2011-12-14
Status:	PROCESSED	End Time:	10:28:09
Queue:	END		
User Name:	RATLIFF, CASSIE M		

DTM Description:
Comments:

Begin Date:	2011-12-14	Flags:	9990N0
Begin Time:	10:28:06	DTM Job Name:	
User Id:	JRATLCM	DTM Return Code:	
Workstation Id:		DTM Task Name:	
Business Area:	JLIFE	DTM Next Task:	
Type:	MINPREM	End Date:	2011-12-14
Status:	ALPHAMATCH	End Time:	10:28:06
Queue:	CSPROC		
User Name:	RATLIFF, CASSIE M		

DTM Description:
Comments:

Begin Date:	2011-12-14	Flags:	
Begin Time:	10:16:39	DTM Job Name:	
User Id:	RGARDNER	DTM Return Code:	
Workstation Id:		DTM Task Name:	
Business Area:		DTM Next Task:	
Type:		End Date:	2011-12-14
Status:		End Time:	10:16:39
Queue:			
User Name:	GARDNER, ROBERT		

DTM Description:
Comments: PO SImon requests min prem letter faxed to him 561-988-0833

Begin Date:	2011-12-14	Flags:	9990N0
Begin Time:	10:16:02	DTM Job Name:	
User Id:	RGARDNER	DTM Return Code:	
Workstation Id:		DTM Task Name:	
Business Area:	JLIFE	DTM Next Task:	
Type:	MINPREM	End Date:	2011-12-14
Status:	ALPHAMATCH	End Time:	10:16:47

JLIFE - MINPREM - PROCESSED - END - Updateable
- 1009208 -   - BERNSTEIN - SIMON - 19 -

Social Security Num: ██████████   Policy Number: 1009208
Agent Number: Insured's Last Name: BERNSTEIN
Printed on Tuesday, May 07, 2013 at 2:32:16PM
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Queue: CSPROC
User Name: GARDNER, ROBERT
DTM Description:
Comments:

Begin Date: 2011-12-14   Flags: 9990N0
Begin Time: 10:16:01   DTM Job Name:
User Id: RGARDNER   DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: NLIFE   DTM Next Task:
Type: PHONE   End Date: 2011-12-14
Status: PHONE   End Time: 10:16:01
Queue: CSPROC
User Name: GARDNER, ROBERT
DTM Description:
Comments:

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December 15, 2011

SIMON BERNSTEIN
7020 LIONS HEAD
BOCA RATON, FL 33496

Insured Name: SIMON BERNSTEIN
Policy Number: 1009208
Correspondence Number: 09540870

Dear Simon Bernstein:

Thank you for contacting Heritage Union Life Insurance Company. We have received your request to calculate the minimum premium required for the above referenced policy. In order to bring this policy to a current status, please remit a premium payment of $108,926.89 prior to grace period ending date of February 12, 2012. This premium will pay this policy to December 27, 2012.

The current scheduled premium amount of $99,416.00 is no longer adequate to cover your cost of insurance plus any policy expenses and maintain a positive cash value. Effective December 27, 2011 the annual premium has been changed to $108,927.00.

As you are paying the minimum premium, it may be necessary to increase the premium to cover the cost of insurance each year which increases according to the insured's attained age. We encourage you to review the terms of your policy and your Policyholder Statement each year to determine if and when an adjustment in your minimum premium is necessary.

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

Sincerely,

Client Services

Enclosure(s):   Return Envelope

JCK000330

JLIFE - MINPREM - PROCESSED - END - Updateable
█████████ - 1009208 -   - BERNSTEIN - SIMON - 19 -
Social Security Num: ███████   Policy Number: 1009208
Agent Number: Insured's Last Name: BERNSTEIN
Printed on Tuesday, May 07, 2013 at 2:33:24PM
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```
Begin Date:      2012-01-26        Flags:
Begin Time:      11:35:24          DTM Job Name:
User Id:         JSIMMS            DTM Return Code:
Workstation Id:                    DTM Task Name:
Business Area:            .        DTM Next Task:
Type:                              End Date:        2012-01-26
Status:                            End Time:        11:35:24
Queue:
User Name:       ARNOUDTS, STACY
DTM Description:
Comments:        No info released but did adv letter mailed
```

```
Begin Date:      2012-01-23        Flags:           9996N1
Begin Time:      12:50:01          DTM Job Name:
User Id:         JRATLCM           DTM Return Code:
Workstation Id:                    DTM Task Name:
Business Area:   JLIFE             DTM Next Task:
Type:            MINPREM           End Date:        2012-01-23
Status:          PROCESSED         End Time:        12:50:07
Queue:           END
User Name:       RATLIFF, CASSIE M
DTM Description:
Comments:
```

```
Begin Date:      2012-01-23        Flags:           9990N0
Begin Time:      12:50:03          DTM Job Name:
User Id:         JRATLCM           DTM Return Code:
Workstation Id:                    DTM Task Name:
Business Area:   JLIFE             DTM Next Task:
Type:            MINPREM           End Date:        2012-01-23
Status:          ALPHAMATCH        End Time:        12:50:03
Queue:           CSPROC
User Name:       RATLIFF, CASSIE M
DTM Description:
Comments:
```

```
Begin Date:      2012-01-23        Flags:           9990N0
Begin Time:      09:19:33          DTM Job Name:
User Id:         AMOREM            DTM Return Code:
Workstation Id:                    DTM Task Name:
Business Area:   JLIFE             DTM Next Task:
Type:            MINPREM           End Date:        2012-01-23
Status:          ALPHAMATCH        End Time:        09:23:06
```

Social Security Num: ████████   Policy Number: 1009208
Agent Number: Insured's Last Name: BERNSTEIN
                    Printed on Tuesday, May 07, 2013 at 2:33:24PM
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    Queue: CSPROC
    User Name: MOREMI, MAPASEKA
DTM Description:
    Comments:

    Begin Date: 2012-01-18   Flags:
    Begin Time: 10:23:13   DTM Job Name:
    User Id: JOLIVTM   DTM Return Code:
    Workstation Id: DTM Task Name:
    Business Area: DTM Next Task:
    Type: End Date: 2012-01-18
    Status: End Time: 10:23:13
    Queue:
    User Name: COTTON, TINA M
DTM Description:
    Comments: please send letter to po at address on file showing the minprem needed to keep
                        pol enforce & include the loan pymt of 6,538.17 as instructed in note pad
                        auth given by po cb 561 988 9184

    Begin Date: 2012-01-18   Flags: 4000N0
    Begin Time: 10:20:26   DTM Job Name:
    User Id: JOLIVTM   DTM Return Code:
    Workstation Id: DTM Task Name:
    Business Area: JLIFE   DTM Next Task:
    Type: POLRES   End Date: 2012-01-18
    Status: ALPHAMATCH   End Time: 10:23:16
    Queue: CSPROC2
    User Name: COTTON, TINA M
DTM Description:
    Comments:

    Begin Date: 2012-01-18   Flags: 4500N0
    Begin Time: 10:20:24   DTM Job Name:
    User Id: JOLIVTM   DTM Return Code:
    Workstation Id: DTM Task Name:
    Business Area: JLIFE   DTM Next Task:
    Type: FORMS   End Date: 2012-01-18
    Status: PHONE   End Time: 10:20:24
    Queue: CSPROC
    User Name: COTTON, TINA M
DTM Description:
    Comments:

Social Security Num: ███████   Policy Number: 1009208
Agent Number: Insured's Last Name: BERNSTEIN
Printed on Tuesday, May 07, 2013 at 2:33:24PM
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January 24, 2012

SIMON BERNSTEIN
7020 LIONS HEAD
BOCA RATON, FL 33496

Insured Name: SIMON BERNSTEIN
Policy Number: 1009208
Correspondence Number: 09568538

Dear Simon Bernstein:

Thank you for contacting Heritage Union Life Insurance Company. We have received your request to calculate the minimum premium required for the above referenced policy. In order to bring this policy to a current status, please remit a premium payment of $100,304.53 prior to grace period ending date of March 03, 2012. This premium will pay this policy to December 27, 2012.

The current scheduled premium amount of $108,927.00 is no longer adequate to cover your cost of insurance plus any policy expenses and maintain a positive cash value. Effective January 23, 2012 the annual premium has been changed to $108,950.00.

As you are paying the minimum premium, it may be necessary to increase the premium to cover the cost of insurance each year which increases according to the insured's attained age. We encourage you to review the terms of your policy and your Policyholder Statement each year to determine if and when an adjustment in your minimum premium is necessary.

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

Sincerely,

Client Services

Enclosure(s):   Return Envelope

Social Security Num: ███████   Policy Number: 1009208
Agent Number: Insured's Last Name: BERNSTEIN
                Printed on Tuesday, May 07, 2013 at 2:34:33PM
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Begin Date:	2012-02-09	Flags:	
Begin Time:	11:37:17	DTM Job Name:	
User Id:	JHUDSAL	DTM Return Code:	
Workstation Id:		DTM Task Name:	
Business Area:		DTM Next Task:	
Type:		End Date:	2012-02-09
Status:		End Time:	11:37:17
Queue:			
User Name:	HUDSON, ABBY L		
DTM Description:			
Comments:			

diana called regarding payment due. she adv she is wishing to send in
overnight payment and has been told two different amounts over the phone and
my mail. transfered to esc.

Begin Date:	2012-02-02	Flags:	9996N1
Begin Time:	08:54:18	DTM Job Name:	
User Id:	JRATLCM	DTM Return Code:	
Workstation Id:		DTM Task Name:	
Business Area:	JLIFE	DTM Next Task:	
Type:	MINPREM	End Date:	2012-02-02
Status:	PROCESSED	End Time:	08:54:23
Queue:	END		
User Name:	RATLIFF, CASSIE M		
DTM Description:			
Comments:			

Begin Date:	2012-02-02	Flags:	9990N0
Begin Time:	08:54:16	DTM Job Name:	
User Id:	JRATLCM	DTM Return Code:	
Workstation Id:		DTM Task Name:	
Business Area:	JLIFE	DTM Next Task:	
Type:	MINPREM	End Date:	2012-02-02
Status:	ALPHAMATCH	End Time:	08:54:16
Queue:	CSPROC		
User Name:	RATLIFF, CASSIE M		
DTM Description:			
Comments:			

Begin Date:	2012-02-02	Flags:	
Begin Time:	01:38:20	DTM Job Name:	
User Id:	ALUDDSX	DTM Return Code:	
Workstation Id:		DTM Task Name:	
Business Area:		DTM Next Task:	

JCK000335

Social Security Num: ████████   Policy Number: 1009208
Agent Number: Insured's Last Name: BERNSTEIN
Printed on Tuesday, May 07, 2013 at 2:34:33PM

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```
  Type:                                   End Date:      2012-02-02
  Status:                                 End Time:      01:38:20
  Queue:
  User Name:      LUDDIE, SHANAAZ X
DTM Description:
  Comments:       Please send minprem. letter. thk u
```

```
  Begin Date:     2012-02-02              Flags:         9990N0
  Begin Time:     01:38:04                DTM Job Name:
  User Id:        ALUDDSX                 DTM Return Code:
  Workstation Id:                         DTM Task Name:
  Business Area:  JLIFE                   DTM Next Task:
  Type:           MINPREM                 End Date:      2012-02-02
  Status:         ALPHAMATCH              End Time:      01:38:22
  Queue:          CSPROC
  User Name:      LUDDIE, SHANAAZ X
DTM Description:
  Comments:
```

```
  Begin Date:     2012-02-01              Flags:
  Begin Time:     13:09:38                DTM Job Name:
  User Id:        JBORGJC                 DTM Return Code:
  Workstation Id:                         DTM Task Name:
  Business Area:                          DTM Next Task:
  Type:                                   End Date:      2012-02-01
  Status:                                 End Time:      13:09:38
  Queue:
  User Name:      BORGENS, JOHN C
DTM Description:
  Comments:       po would like a letter stating what they need to pay at the min for a
                  quarterly prem payment,,, diane states they get it all the time
```

```
  Begin Date:     2012-02-01              Flags:         4000N0
  Begin Time:     13:08:01                DTM Job Name:
  User Id:        JBORGJC                 DTM Return Code:
  Workstation Id:                         DTM Task Name:
  Business Area:  JLIFE                   DTM Next Task:
  Type:           POLRES                  End Date:      2012-02-01
  Status:         ALPHAMATCH              End Time:      13:09:40
  Queue:          CSPROC2
  User Name:      BORGENS, JOHN C
DTM Description:
  Comments:
```

JLIFE - MINPREM - PROCESSED - END - Updateable
- 1009208 -   - BERNSTEIN - SIMON - 19 -
Social Security Num: ███████████   Policy Number: 1009208
Agent Number: Insured's Last Name: BERNSTEIN
Printed on Tuesday, May 07, 2013 at 2:34:33PM
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Begin Date: 2012-02-01   Flags: 4500N0
Begin Time: 13:07:58   DTM Job Name:
User Id: JBORGJC   DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: JLIFE   DTM Next Task:
Type: FORMS   End Date: 2012-02-01
Status: PHONE   End Time: 13:07:58
Queue: CSPROC
User Name: BORGENS, JOHN C
DTM Description:
Comments:

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February 3, 2012

SIMON BERNSTEIN
7020 LIONS HEAD
BOCA RATON, FL 33496

Insured Name: SIMON BERNSTEIN
Policy Number: 1009208
Correspondence Number: 09577091

Dear Simon Bernstein:

Thank you for contacting Heritage Union Life Insurance Company. We have received your request to calculate the minimum premium required for the above referenced policy. In order to bring this policy to a current status, please remit a premium payment of $99,993.72 prior to grace period ending date of March 03, 2012. This premium will pay this policy to December 27, 2012.

The current scheduled premium amount of $108,950.00 is adequate to cover your cost of insurance plus any policy expenses and maintain a positive cash value. Effective February 02, 2012 the minimum quarterly premium is $27,238.00.

As you are paying the minimum premium, it may be necessary to increase the premium to cover the cost of insurance each year which increases according to the insured's attained age. We encourage you to review the terms of your policy and your Policyholder Statement each year to determine if and when an adjustment in your minimum premium is necessary.

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

Sincerely,

Client Services

Enclosure(s):   Return Envelope

JCK000338

Social Security Num: ████████   Policy Number: 1009208
Agent Number: Insured's Last Name: BERNSTEIN
                    Printed on Tuesday, May 07, 2013 at 2:35:37PM
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```
   Begin Date:        2012-02-02          Flags:              9990N2
   Begin Time:        17:25:21            DTM Job Name:
   User Id:           JRUSSBS             DTM Return Code:
   Workstation Id:                        DTM Task Name:
   Business Area:     JLIFE               DTM Next Task:
   Type:              POLINQUIRY          End Date:           2012-02-02
   Status:            PROCESSD2           End Time:           17:26:56
   Queue:             END
   User Name:         RUSSWINKEL, BARB S
DTM Description:
   Comments:
```

- -

```
   Begin Date:        2012-02-01          Flags:
   Begin Time:        15:54:03            DTM Job Name:
   User Id:           JVANHC              DTM Return Code:
   Workstation Id:                        DTM Task Name:
   Business Area:                         DTM Next Task:
   Type:                                  End Date:           2012-02-01
   Status:                                End Time:           15:54:03
   Queue:
   User Name:         VANHYNING, CASSIDY
DTM Description:
   Comments:          pls fax bene letter to 561 988 0833 thank you
```

- -

```
   Begin Date:        2012-02-01          Flags:              4000N0
   Begin Time:        15:53:24            DTM Job Name:
   User Id:           JVANHC              DTM Return Code:
   Workstation Id:                        DTM Task Name:
   Business Area:     JLIFE               DTM Next Task:
   Type:              POLINQUIRY          End Date:           2012-02-01
   Status:            ALPHAMATCH          End Time:           15:53:49
   Queue:             CSPROC2
   User Name:         VANHYNING, CASSIDY
DTM Description:
   Comments:
```

- -

```
   Begin Date:        2012-02-01          Flags:              4500N0
   Begin Time:        15:53:20            DTM Job Name:
   User Id:           JVANHC              DTM Return Code:
   Workstation Id:                        DTM Task Name:
   Business Area:     JLIFE               DTM Next Task:
   Type:              FORMS               End Date:           2012-02-01
   Status:            PHONE               End Time:           15:53:20
```

AWD History for Work object key 2012-02-01-15.53.20.071281T01
JLIFE - POLINQUIRY - PROCESSD2 - END - Updateable
███████ - 1009208 -   - BERNSTEIN - SIMON - 19 -
Social Security Num: ████████   Policy Number: 1009208
Agent Number: Insured's Last Name: BERNSTEIN
Printed on Tuesday, May 07, 2013 at 2:35:37PM
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0=

  Queue: CSPROC
  User Name: VANHYNING, CASSIDY
DTM Description:
  Comments:

Heritage Union Life Insurance Company

February 3, 2012

SIMON BERNSTEIN
7020 LIONS HEAD
BOCA RATON, FL 33496

Insured Name: SIMON BERNSTEIN
Policy Number: 1009208
Correspondence Number: 09577998

Dear Simon Bernstein:

Thank you for contacting Heritage Union Life Insurance Company. As requested, a Request for Change of Beneficiary Form is enclosed.

Our records indicate the following beneficiary designation:

| Primary Beneficiary/Beneficiaries: | LASALLE NATIONAL TRUST, N.A. |
| Contingent Beneficiary/Beneficiaries: | SIMON BERNSTEIN TRUST, N.A. |

The *policyowner* is to complete the Request for Change of Beneficiary Form by naming their choice of primary and contingent beneficiaries and providing all of the requested information, as well as, their signature(s) on the Signature Page.

For the protection of both parties, if the owner resides in a Community Property State, we request the owner's spouse join in signing and dating the form. If the owner resides in CA, ID, NV or WA the owner's spouse must sign and date the form and if there has been a dissolution of marriage through divorce or death, please provide us with a copy of the divorce decree or death certificate. The divorce decree must clearly state to whom the policy was awarded.

For other requirements, such as if you are naming a Trust as a primary beneficiary, refer to the Instructions - Request for Change of Beneficiary Form which is also enclosed.

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

Sincerely,

Client Services

Enclosure(s):   Request For Change of Beneficiary Form
                 Instructions-Change of Beneficiary Form

Heritage Union Life Insurance Company
800-825-0003

REQUEST FOR CHANGE OF BENEFICIARY FORM

Policy Number: <u>1009208</u>   Insured: <u>SIMON BERNSTEIN</u>

- **Faxes Will Be Accepted**
- **Do Not Send Policy with this Form**   Policy owner: <u>SIMON BERNSTEIN</u>

Complete form by typing or printing using ink. Any alterations to the form must be initialed by the owner. The form must be signed and dated within the past six months. Separate requests must be submitted for multiple policies. If more than two beneficiaries are requested, a separate page or copy of this form may be submitted which contains the policy number, the information regarding the beneficiary, the owner's signature(s) and the date signed. If more than one beneficiary is named, state the exact manner in which they are to share in the proceeds by using percentages. The percentages must equal 100%. Review the attached additional instructions if: the policy owner is a trust or a corporation, you are changing the beneficiary to a trust or corporation, the policy owner name has changed, or if you reside in a community property state.

PRIMARY:

1) _____

| Name | Date of Birth | Relationship | SS# or TIN# | % |

Address _____

2) _____

| Name | Date of Birth | Relationship | SS# or TIN# | % |

Address _____

CONTINGENT:

1) _____

| Name | Date of Birth | Relationship | SS# or TIN# | % |

Address _____

2) _____

| Name | Date of Birth | Relationship | SS# or TIN# | % |

Address _____

Policies subject to Viatical / Life Settlement transaction – Is any individual/entity listed on this form as beneficiary, a viatical settlement provider, a life settlement provider, the receiver or conservator of a 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?   ☐ Yes ☐ No

I (we) as the policyowner(s) hereby consent to the above designations and revoke all previous beneficiary designations. The effective date of this revocation and change, upon being filed and recorded with the Company, will take effect as of the date the form was signed, unless the policy has been terminated, surrendered, or had a claim filed and/or processed against it before this revocation and change is received by the Company.

_____   _____   _____
Print Name of Policy Owner   Signature of Policy Owner   Date

_____   _____   _____
Print Name of Policy Co-owner (if applicable)   Signature of Policy Co-Owner (if applicable)   Date

_____   _____   _____   _____
Spousal Signature (See additional Instructions attached)   Date   Irrevocable Beneficiary Signature (if applicable)   Date

Date _____

_____
Signature of Notary Official, if applicable Notary seal/stamp. If the owner's signature has changed over the years please have the signature notarized.)

Heritage Union Life Insurance Company
800-825-0003
INSTRUCTIONS
REQUEST FOR CHANGE OF BENEFICIARY FORM

- **Faxes Will Be Accepted**
- **Do Not Send Policy with this Form**

Additional Instructions for Completing Change of Beneficiary Form

1. **Name Change:** In the case of name change, we require legal proof of the change such as Marriage Certificate, Divorce Decree, Drivers License, Social Security Card, Court Order or Federal ID card.

2. **Beneficiary Designations:** Be sure to state full names, and relationships ("Mary Doe, wife of the insured" or "Jane and Jim Doe, children of the insured.") Avoid listing only a relationship as the beneficiary (for instance, "spouse of the insured" or "children of the insured").

3. **If naming a Trust,** please include the full name of the Trust, including the Date of the Trust, the Tax ID Number and a copy of Trust. If you do not wish to provide us with a copy of the entire Trust, please provide us with the portions of the Trust document that designate:
   - The name of the Trust
   - The name of the Trustee(s)
   - The date of the Trust
   - Signature(s) of Trustee(s)
   - In the event the trustee has changed since the original designation with our Company, provide us with any letters of resignation and/or letter of acceptance of the new trustees.

4. **If policy is corporately owned,** an officer of the Corporation, **other than the Insured,** must sign on behalf of the Corporation, indicating their corporate title. Please submit legal documentation listing the currently authorized signers for the company. This information should be on company letterhead or be a copy of the corporate minutes. Also the Tax ID number for the Corporation must be provided.

5. **Policies subject to Viatical / Life Settlement transaction** – Are you or any individual/entity named as beneficiary a viatical settlement provider, life settlement provider, the receiver or conservator of a 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? If so, please check the appropriate box on the Change of Beneficiary form.

6. **Spousal Signature:** For the protection of both parties, if the owner resides in a Community Property State, we request that the owner's spouse join in signing and dating this form. If the owner resides in CA, ID, NV or WA the owner's spouse must sign and date this form and if there has been a dissolution of marriage due to divorce or death, please provide us with a copy of the divorce decree or death certificate. The divorce decree must clearly state to whom the policy was awarded.

Examples Of Typical Beneficiary Designations

1. **Minor Children** should not be named as beneficiary since proceeds cannot be made payable to minors. If a beneficiary is a minor at the time proceeds are payable, we will require court documentation of the appointment of a Guardian of the Minor's Estate.

2. **Multiple Beneficiaries:** John H. Doe, Father 75%; Mary E. Doe, Mother 15%; and Jane Doe, Sister 10%. Percentages must equal 100%.

3. **Trust Beneficiary:** The ___exact name of trust___ Trust ___trustees names___ as trustee(s) under written trust agreement dated _____. _____Tax ID #

4. **Partnership Beneficiary:** Smith, Jones and Brown, a partnership consisting of John A. Smith, William Jones and Henry Brown.

5. **Common Disaster Clause:** Mary E. Doe, Wife, if living on the day after the death of the Insured; otherwise to John Doe, Son, and Jane Doe, Daughter, equally or the survivor.

6. **Irrevocable Beneficiary:** Mary E. Doe, Wife, Without Reserving the Right to Change the Beneficiary. (If this type of designation is made, the consent of such beneficiary or beneficiaries will be required to exercise a subsequent right or privilege under said policy, including the right to designate a new beneficiary.)

7. **Estate as Beneficiary:** The estate of John H. Doe, Insured.

8. **Funeral Home Beneficiary:** If you reside in a state other than New York or Texas, you may name a funeral home as beneficiary under a life insurance policy or annuity contract except for policies or contracts used to fund pre-need funeral contracts. If naming a funeral home as beneficiary, please include the exact name of the funeral home and the phrase "as their interest may appear." Please be aware that if the funeral home's interest is less than the death proceeds and they are listed as the only beneficiary, they are under no obligation to give any remaining funds to your family or estate. We recommend that you still name a trusted family member or friend as contingent beneficiary.

   For life insurance policies or annuity contracts that are used to fund pre-need funeral contracts, different requirements apply and states may prohibit you from naming a funeral home as beneficiary. Please seek legal advice before naming a funeral home as beneficiary under this type of life insurance policy or annuity contract.

9. The relationship of the proposed beneficiary to the person whose life is insured is needed for the purpose of identification. If no relationship exists, please furnish other information that will serve to identify the beneficiary.

JLIFE - MINPREM - PROCESSED - END - Updateable
- 1009208 -   - BERNSTEIN - SIMON - 19 -

Social Security Num: ██████████   Policy Number: 1009208
Agent Number: Insured's Last Name: BERNSTEIN
                Printed on Tuesday, May 07, 2013 at 2:36:44PM
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```
Begin Date:      2012-03-19          Flags:
Begin Time:      15:10:27            DTM Job Name:
User Id:         JSUITCS             DTM Return Code:
Workstation Id:                      DTM Task Name:
Business Area:                       DTM Next Task:
Type:                                End Date:       2012-03-19
Status:                              End Time:       15:10:27
Queue:
User Name:       SUITER, CINDY S
DTM Description:
Comments:        Diana Banks, PO assist. called for min. prem.    This has been calculated and
                 this amount is correct.   27,238.00/qrtly is the correct prem. to pay.
```

- -

```
Begin Date:      2012-02-13          Flags:           9990N0
Begin Time:      17:11:57            DTM Job Name:
User Id:         JSCOTNR             DTM Return Code:
Workstation Id:                      DTM Task Name:
Business Area:   JLIFE               DTM Next Task:
Type:            MINPREM             End Date:        2012-02-13
Status:          PROCESSED           End Time:        17:11:57
Queue:           END
User Name:       SCOTT, NANCY R
DTM Description:
Comments:
```

- -

```
Begin Date:      2012-02-09          Flags:
Begin Time:      15:04:58            DTM Job Name:
User Id:         JMEECEM             DTM Return Code:
Workstation Id:                      DTM Task Name:
Business Area:                       DTM Next Task:
Type:                                End Date:        2012-02-09
Status:                              End Time:        15:04:58
Queue:
User Name:       DEGROOT, ERIKA M
DTM Description:
Comments:        Esc Call: Received a call from Diana to confirm the amount needed now
```

- -

```
Begin Date:      2012-02-09          Flags:
Begin Time:      14:55:11            DTM Job Name:
User Id:         JMEECEM             DTM Return Code:
Workstation Id:                      DTM Task Name:
Business Area:                       DTM Next Task:
Type:                                End Date:        2012-02-09
```

Social Security Num: ███████   Policy Number: 1009208
Agent Number: Insured's Last Name: BERNSTEIN
Printed on Tuesday, May 07, 2013 at 2:36:44PM
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  Status: End Time: 14:55:11
  Queue:
  User Name: DEGROOT, ERIKA M
DTM Description:
  Comments: Faxed a copy of the attached letter to Diana as requested. Also provided
                    overnight address per her request.

  Begin Date: 2012-02-09   Flags: 9996Y1
  Begin Time: 11:48:50   DTM Job Name:
  User Id: JRATLCM   DTM Return Code:
  Workstation Id: DTM Task Name:
  Business Area: JLIFE   DTM Next Task:
  Type: MINPREM   End Date: 2012-02-09
  Status: PROCESSED   End Time: 11:48:54
  Queue: CSQC
  User Name: RATLIFF, CASSIE M
DTM Description:
  Comments:

  Begin Date: 2012-02-09   Flags: 9990N0
  Begin Time: 11:48:51   DTM Job Name:
  User Id: JRATLCM   DTM Return Code:
  Workstation Id: DTM Task Name:
  Business Area: JLIFE   DTM Next Task:
  Type: MINPREM   End Date: 2012-02-09
  Status: ALPHAMATCH   End Time: 11:48:51
  Queue: CSPROC
  User Name: RATLIFF, CASSIE M
DTM Description:
  Comments:

  Begin Date: 2012-02-09   Flags:
  Begin Time: 11:39:18   DTM Job Name:
  User Id: JMEECEM   DTM Return Code:
  Workstation Id: DTM Task Name:
  Business Area: DTM Next Task:
  Type: End Date: 2012-02-09
  Status: End Time: 11:39:18
  Queue:
  User Name: DEGROOT, ERIKA M
DTM Description:
  Comments: Esc Call: Received a call from Diana. She advised the po would like to change
                    to quaterly billing mode. Please figure the min premium required to change

                    ▮▮▮▮▮▮ - 1009208 -   - BERNSTEIN - SIMON - 19 -
       Social Security Num: ▮▮▮▮▮▮▮   Policy Number: 1009208
       Agent Number: Insured's Last Name: BERNSTEIN
                    Printed on Tuesday, May 07, 2013 at 2:36:44PM
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             mode to quaterly and pay the policy to 3/27/12 and what the new min prem would
             be at that time as well. FAX to 561-988-0833

        Begin Date: 2012-02-09   Flags: 9990N0
        Begin Time: 11:37:43   DTM Job Name:
        User Id: JMEECEM   DTM Return Code:
        Workstation Id: DTM Task Name:
        Business Area: JLIFE   DTM Next Task:
        Type: MINPREM   End Date: 2012-02-09
        Status: ALPHAMATCH   End Time: 11:38:16
        Queue: CSPROC
        User Name: DEGROOT, ERIKA M
   DTM Description:
        Comments:

        Begin Date: 2012-02-09   Flags: 9990N0
        Begin Time: 11:37:41   DTM Job Name:
        User Id: JMEECEM   DTM Return Code:
        Workstation Id: DTM Task Name:
        Business Area: JLIFE   DTM Next Task:
        Type: PHONE   End Date: 2012-02-09
        Status: PHONE   End Time: 11:37:41
        Queue: CSPROC
        User Name: DEGROOT, ERIKA M
   DTM Description:
        Comments:

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

February 10, 2012

SIMON BERNSTEIN
7020 LIONS HEAD
BOCA RATON, FL 33496

Insured Name: SIMON BERNSTEIN
Policy Number: 1009208
Correspondence Number: 09583466

Dear Simon Bernstein:

Thank you for contacting Heritage Union Life Insurance Company. We have received your request to calculate the minimum premium required for the above referenced policy. In order to bring this policy to a current status, please remit a premium payment of $18,296.01 prior to grace period ending date of March 03, 2012. This premium will pay this policy to March 27, 2012.

The current scheduled annual premium amount of $108,950.00 is no longer adequate to cover your cost of insurance plus any policy expenses and maintain a positive cash value. Effective February 09, 2012 the quarterly premium has been changed to $27,238.00.

As you are paying the minimum premium, it may be necessary to increase the premium to cover the cost of insurance each year which increases according to the insured's attained age. We encourage you to review the terms of your policy and your Policyholder Statement each year to determine if and when an adjustment in your minimum premium is necessary.

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

Sincerely,

Client Services

Enclosure(s):   Return Envelope

Social Security Num: ▮▮▮▮▮▮   Policy Number: 1009208
Agent Number: Insured's Last Name: BERNSTEIN
             Printed on Tuesday, May 07, 2013 at 2:38:03PM
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```
Begin Date:     2012-09-20          Flags:
Begin Time:     15:52:01            DTM Job Name:
User Id:        JBAKEC              DTM Return Code:
Workstation Id:                     DTM Task Name:
Business Area:                      DTM Next Task:
Type:                               End Date:       2012-09-20
Status:                             End Time:       15:52:01
Queue:
User Name:      BAKER, CYNTHIA
DTM Description:
Comments:       Diana Banks called to request copy of trust adv her of in writing and fax to
                #803-333-7842...
```

```
Begin Date:     2012-02-09          Flags:
Begin Time:     15:06:51            DTM Job Name:
User Id:        JAMBRCL             DTM Return Code:
Workstation Id:                     DTM Task Name:
Business Area:                      DTM Next Task:
Type:                               End Date:       2012-02-09
Status:                             End Time:       15:06:51
Queue:
User Name:      AMBROSE, CANDYCE L
DTM Description:
Comments:       adv to forward check.  cannot wire transfer
```

```
Begin Date:     2012-02-09          Flags:          9990N0
Begin Time:     15:06:22            DTM Job Name:
User Id:        JAMBRCL             DTM Return Code:
Workstation Id:                     DTM Task Name:
Business Area:   JLIFE              DTM Next Task:
Type:            PHONE              End Date:       2012-02-09
Status:          PROCESSED          End Time:       15:06:55
Queue:           END
User Name:      AMBROSE, CANDYCE L
DTM Description:
Comments:
```

```
Begin Date:     2012-02-09          Flags:          9990N0
Begin Time:     15:06:17            DTM Job Name:
User Id:        JAMBRCL             DTM Return Code:
Workstation Id:                     DTM Task Name:
Business Area:   JLIFE              DTM Next Task:
Type:            PHONE              End Date:       2012-02-09
```

JLIFE – PHONE – PROCESSED – END – Updateable
███████ – 1009208 –   – BERNSTEIN – SIMON – 19 –

Social Security Num: ██████████   Policy Number: 1009208
Agent Number: Insured's Last Name: BERNSTEIN
Printed on Tuesday, May 07, 2013 at 2:38:03PM

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Status:	PHONE	End Time:	15:06:17
Queue:	CSPROC		
User Name:	AMBROSE, CANDYCE L		
DTM Description:			
Comments:			

Social Security Num: Policy Number: 1009208
Agent Number: Insured's Last Name: BERNSTEIN
           Printed on Tuesday, May 07, 2013 at 2:38:17PM
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Begin Date: 2012-04-26   Flags:
Begin Time: 15:31:05   DTM Job Name:
User Id: JSIMOJJ   DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: DTM Next Task:
Type: End Date: 2012-04-26
Status: End Time: 15:31:05
Queue:
User Name: SIMONS, JINA J
DTM Description:
Comments: calld for amt due

- -

Begin Date: 2012-03-22   Flags: 6000N2
Begin Time: 05:17:43   DTM Job Name:
User Id: ACARRLX   DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: JLIFE   DTM Next Task:
Type: OVERLOAN   End Date: 2012-03-22
Status: QPASS   End Time: 05:19:30
Queue: END
User Name: CARR, LIEZEL
DTM Description:
Comments:

- -

Begin Date: 2012-03-21   Flags:
Begin Time: 04:46:03   DTM Job Name:
User Id: AMOREM   DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: DTM Next Task:
Type: End Date: 2012-03-21
Status: End Time: 04:46:03
Queue:
User Name: MOREMI, MAPASEKA
DTM Description:
Comments: sent as per the Actuary comments below , thank you

- -

Begin Date: 2012-03-21   Flags: 6000Y2
Begin Time: 04:40:29   DTM Job Name:
User Id: AMOREM   DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: JLIFE   DTM Next Task:
Type: OVERLOAN   End Date: 2012-03-21
Status: PROCESSD3   End Time: 04:46:06
Queue: CSQC2

Social Security Num: Policy Number: 1009208
Agent Number: Insured's Last Name: BERNSTEIN
                    Printed on Tuesday, May 07, 2013 at 2:38:17PM
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    User Name: MOREMI, MAPASEKA
DTM Description:
    Comments:

    Begin Date: 2012-03-20   Flags:
    Begin Time: 11:23:28   DTM Job Name:
    User Id: JWIERTJ   DTM Return Code:
    Workstation Id: DTM Task Name:
    Business Area: DTM Next Task:
    Type: End Date: 2012-03-20
    Status: End Time: 11:23:28
    Queue:
    User Name: WIERSMA, TONY J
DTM Description:
    Comments: po needs to pay 36,800.35 to cover loan amount and still have enough value to
                      carry to next billed to date, 6/27/2012

    Begin Date: 2012-03-20   Flags:
    Begin Time: 11:21:33   DTM Job Name:
    User Id: JWIERTJ   DTM Return Code:
    Workstation Id: DTM Task Name:
    Business Area: DTM Next Task:
    Type: End Date: 2012-03-20
    Status: End Time: 11:21:33
    Queue:
    User Name: WIERSMA, TONY J
DTM Description:
    Comments: ignore previous comment

    Begin Date: 2012-03-20   Flags: 6050N0
    Begin Time: 11:20:53   DTM Job Name:
    User Id: JWIERTJ   DTM Return Code:
    Workstation Id: DTM Task Name:
    Business Area: JLIFE   DTM Next Task:
    Type: OVERLOAN   End Date: 2012-03-20
    Status: CS   End Time: 11:21:10
    Queue: CSPROC2
    User Name: WIERSMA, TONY J
DTM Description:
    Comments:

    Begin Date: 2012-03-20   Flags:

Social Security Num: Policy Number: 1009208
Agent Number: Insured's Last Name: BERNSTEIN
                    Printed on Tuesday, May 07, 2013 at 2:38:17PM
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    Begin Time: 11:20:50   DTM Job Name:
    User Id: JWIERTJ   DTM Return Code:
    Workstation Id: DTM Task Name:
    Business Area: DTM Next Task:
    Type: End Date: 2012-03-20
    Status: End Time: 11:20:50
    Queue:
    User Name: WIERSMA, TONY J
    DTM Description:
    Comments: not overloaned as of 3/20/2012

    Begin Date: 2012-03-15   Flags:
    Begin Time: 08:37:19   DTM Job Name:
    User Id: ACARRLX   DTM Return Code:
    Workstation Id: DTM Task Name:
    Business Area: DTM Next Task:
    Type: End Date: 2012-03-15
    Status: End Time: 08:37:19
    Queue:
    User Name: CARR, LIEZEL
    DTM Description:
    Comments: Actuary please advise if this policy is overloaned, if yes, please provide the
                     overloaned amount.

    Begin Date: 2012-03-15   Flags: 9990N0
    Begin Time: 08:35:25   DTM Job Name:
    User Id: ACARRLX   DTM Return Code:
    Workstation Id: DTM Task Name:
    Business Area: JLIFE   DTM Next Task:
    Type: OVERLOAN   End Date: 2012-03-15
    Status: ACTUARY   End Time: 08:37:27
    Queue: ACTUARY
    User Name: CARR, LIEZEL
    DTM Description:
    Comments:

    Begin Date: 2012-03-12   Flags:
    Begin Time: 16:26:47   DTM Job Name:
    User Id: JTOLARL   DTM Return Code:
    Workstation Id: DTM Task Name:
    Business Area: DTM Next Task:
    Type: End Date: 2012-03-12
    Status: End Time: 16:26:47
    Queue:

Social Security Num: Policy Number: 1009208
Agent Number: Insured's Last Name: BERNSTEIN
Printed on Tuesday, May 07, 2013 at 2:38:17PM

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User Name: TOLAND, REGINA L
DTM Description:
  Comments: There is a loan amount of 13,776.38 that is not on the system - we are unable
                 to add this amount to the loan as there is not sufficient cash surrender value
                 - please calcualate the amount that needs to be paid inorder to increase the
                 value of the policy enough to add this amount to the loan and send letter to
                 PO requesting the funds

Begin Date: 2012-03-12   Flags: 3000N0
Begin Time: 16:24:19   DTM Job Name:
User Id: JTOLARL   DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: JLIFE   DTM Next Task:
Type: OVERLOAN   End Date: 2012-03-12
Status: ALPHAMATCH   End Time: 16:25:10
Queue: CSPROC2
User Name: TOLAND, REGINA L
DTM Description:
  Comments:

JCK000353

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

March 21, 2012

SIMON BERNSTEIN
7020 LIONS HEAD
BOCA RATON, FL 33496

Insured Name: SIMON BERNSTEIN
Policy Number: 1009208
Correspondence Number: 09614263

Dear Sir or Madam:

Thank you for contacting Heritage Union Life Insurance Company. We appreciate your business and welcome the opportunity to be of service.

Please note that the policyowner needs to pay an amount of $36,800.00 to cover the loan amount and still have enough cash value to carry the policy to the next billed to date of June 27, 2012.

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

Sincerely,

Client Services

Social Security Num: ▮▮▮▮▮▮▮▮   Policy Number: 1009208
Agent Number: Insured's Last Name: BERNSTEIN
            Printed on Tuesday, May 07, 2013 at 2:39:26PM
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  Begin Date: 2012-05-10   Flags: 9990N0
  Begin Time: 12:30:02   DTM Job Name:
  User Id: JCAFFLD   DTM Return Code:
  Workstation Id: DTM Task Name:
  Business Area: JLIFE   DTM Next Task:
  Type: POLRES   End Date: 2012-05-10
  Status: QPASS2   End Time: 12:30:08
  Queue: END
  User Name: CAFFERY, LORRIE D
DTM Description:
  Comments:

  -

  Begin Date: 2012-05-10   Flags: 9990Y2
  Begin Time: 12:29:53   DTM Job Name:
  User Id: JCAFFLD   DTM Return Code:
  Workstation Id: DTM Task Name:
  Business Area: JLIFE   DTM Next Task:
  Type: POLRES   End Date: 2012-05-10
  Status: QPASS   End Time: 12:29:59
  Queue: CSQC
  User Name: CAFFERY, LORRIE D
DTM Description:
  Comments:

  -

  Begin Date: 2012-05-10   Flags:
  Begin Time: 12:01:07   DTM Job Name:
  User Id: JCONOGE   DTM Return Code:
  Workstation Id: DTM Task Name:
  Business Area: DTM Next Task:
  Type: End Date: 2012-05-10
  Status: End Time: 12:01:07
  Queue:
  User Name: CONOVER, GINGER E
DTM Description:
  Comments: faxed letter to diana 561-955-0833

  -

  Begin Date: 2012-05-10   Flags: 9991Y1
  Begin Time: 11:55:45   DTM Job Name:
  User Id: JCONOGE   DTM Return Code:
  Workstation Id: DTM Task Name:
  Business Area: JLIFE   DTM Next Task:
  Type: POLRES   End Date: 2012-05-10
  Status: PROCESSD1   End Time: 12:01:12

JCK000355

Social Security Num: ▮▮▮▮▮▮▮▮   Policy Number: 1009208
Agent Number: Insured's Last Name: BERNSTEIN
                    Printed on Tuesday, May 07, 2013 at 2:39:26PM
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OE O=

    Queue: CSQC
    User Name: CONOVER, GINGER E
DTM Description:
    Comments:

    Begin Date: 2012-05-09   Flags: 9990NO
    Begin Time: 15:41:48   DTM Job Name:
    User Id: JCONOGE   DTM Return Code:
    Workstation Id: DTM Task Name:
    Business Area: JLIFE   DTM Next Task:
    Type: POLRES   End Date: 2012-05-09
    Status: CSPROC   End Time: 15:41:48
    Queue: JCONOGE
    User Name: CONOVER, GINGER E
DTM Description:
    Comments:

    Begin Date: 2012-05-09   Flags:
    Begin Time: 14:29:08   DTM Job Name:
    User Id: JKITTE   DTM Return Code:
    Workstation Id: DTM Task Name:
    Business Area: DTM Next Task:
    Type: End Date: 2012-05-09
    Status: End Time: 14:29:08
    Queue:
    User Name: KITSELMAN, ELLEN L
DTM Description:
    Comments: adv request is still being worked on

    Begin Date: 2012-05-07   Flags:
    Begin Time: 08:19:28   DTM Job Name:
    User Id: AMOREM   DTM Return Code:
    Workstation Id: DTM Task Name:
    Business Area: DTM Next Task:
    Type: End Date: 2012-05-07
    Status: End Time: 08:19:28
    Queue:
    User Name: MOREMI, MAPASEKA
DTM Description:
    Comments: unable to locate the beneficiary changes on files attached, please assist

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JCK000356

Social Security Num: ▓▓▓▓▓▓   Policy Number: 1009208
Agent Number: Insured's Last Name: BERNSTEIN
Printed on Tuesday, May 07, 2013 at 2:39:26PM

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OE O=

Begin Date:	2012-05-07	Flags:	9990N0
Begin Time:	07:48:27	DTM Job Name:	
User Id:	AMOREM	DTM Return Code:	
Workstation Id:		DTM Task Name:	
Business Area:	JLIFE	DTM Next Task:	
Type:	POLRES	End Date:	2012-05-07
Status:	CSPROC	End Time:	08:21:40
Queue:	CSPROC		
User Name:	MOREMI, MAPASEKA		
DTM Description:			
Comments:			

Begin Date:	2012-05-02	Flags:	4000N0
Begin Time:	13:27:51	DTM Job Name:	
User Id:	DBOWMTL	DTM Return Code:	
Workstation Id:		DTM Task Name:	
Business Area:	JLIFE	DTM Next Task:	
Type:	POLRES	End Date:	2012-05-02
Status:	ALPHAMATCH	End Time:	13:27:54
Queue:	CSPROC2		
User Name:	BOWMAN, TONI L		
DTM Description:			
Comments:			

Begin Date:	2012-05-02	Flags:	
Begin Time:	10:45:25	DTM Job Name:	
User Id:	JCOONWR	DTM Return Code:	
Workstation Id:		DTM Task Name:	
Business Area:		DTM Next Task:	
Type:		End Date:	2012-05-02
Status:		End Time:	10:45:25
Queue:			
User Name:	COONS, WILLIAM RAY		
DTM Description:			
Comments:	ALSO REQUESTING COPIES OF TRUSTS		

Begin Date:	2012-05-02	Flags:	
Begin Time:	10:44:56	DTM Job Name:	
User Id:	JCOONWR	DTM Return Code:	
Workstation Id:		DTM Task Name:	
Business Area:		DTM Next Task:	
Type:		End Date:	2012-05-02
Status:		End Time:	10:44:56

Social Security Num: ▬▬▬▬▬   Policy Number: 1009208
Agent Number: Insured's Last Name: BERNSTEIN
Printed on Tuesday, May 07, 2013 at 2:39:26PM
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OE 0=

Queue:
User Name: COONS, WILLIAM RAY
DTM Description:
Comments: CORRECTION: PLS RESEARCH AND FAX LTR TO DIANA AT 561-955-0833 PER U1NP SHOWING
                  NAME OF PO, NAME OF TRUST(S) AND DATE OF TRUSTS

Begin Date: 2012-05-02   Flags: 4000N0
Begin Time: 10:43:39   DTM Job Name:
User Id: JCOONWR   DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: DLIFE   DTM Next Task:
Type: POLRES   End Date: 2012-05-02
Status: ALPHAMATCH   End Time: 10:43:48
Queue: CSPROC2
User Name: COONS, WILLIAM RAY
DTM Description:
Comments:

Begin Date: 2012-05-02   Flags:
Begin Time: 10:41:43   DTM Job Name:
User Id: JCOONWR   DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: DTM Next Task:
Type: End Date: 2012-05-02
Status: End Time: 10:41:43
Queue:
User Name: COONS, WILLIAM RAY
DTM Description:
Comments: fax stat ltr 561-988-0833

Begin Date: 2012-05-02   Flags: 3000N0
Begin Time: 10:40:38   DTM Job Name:
User Id: JCOONWR   DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: DLIFE   DTM Next Task:
Type: CORRESP   End Date: 2012-05-02
Status: ALPHAMATCH   End Time: 10:41:46
Queue: CSPROC2
User Name: COONS, WILLIAM RAY
DTM Description:
Comments:

JLIFE - POLRES - QPASS2 - END - Updateable
██████████ 1009208 -   - BERNSTEIN - SIMON - 19 -

Social Security Num: ██████████   Policy Number: 1009208
Agent Number: Insured's Last Name: BERNSTEIN
            Printed on Tuesday, May 07, 2013 at 2:39:26PM
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OE 0=

  Begin Date: 2012-05-02   Flags: 4500N0
  Begin Time: 10:40:37   DTM Job Name:
  User Id: JCOONWR   DTM Return Code:
  Workstation Id: DTM Task Name:
  Business Area: DLIFE   DTM Next Task:
  Type: FORMS   End Date: 2012-05-02
  Status: PHONE   End Time: 10:40:37
  Queue: CSPROC .
  User Name: COONS, WILLIAM RAY
DTM Description:
  Comments:

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

May 11, 2012

SIMON BERNSTEIN
C/O DIANA
FAX # 561-955-8033

Insured Name: SIMON C/O DIANA BERNSTEIN
Policy Number: 1009208
Correspondence Number: 09652475

Dear SIMON BERNSTEIN:

Thank you for contacting Heritage Union Life Insurance Company.

Enclosed are copies of all of the forms and letters concerning the beneficiaries and owner of the policy. We do not have any copy of the trust documents on file.

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

Sincerely,

Client Services

Enclosure(s):   Word Form

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

May 10, 2012

SIMON BERNSTEIN
C/O DIANA
FAX # 561-225-0333
    C88-15

Insured Name: SIMON C/O DIANA BERNSTEIN
Policy Number: 1009208
Correspondence Number: 09652475

Dear SIMON BERNSTEIN:

Thank you for contacting Heritage Union Life Insurance Company.

Enclosed are copies of all of the forms and letters concerning the beneficiaries and owner of the policy. We do not have any copy of the trust documents on file.

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

Sincerely,

Client Services

Enclosure(s):   Word Form

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

May 10, 2012

SIMON BERNSTEIN
C/O DIANA
FAX # 561-~~825~~-0933
C88 - W

Insured Name: SIMON C/O DIANA BERNSTEIN
Policy Number: 1009208
Correspondence Number: 09652475

Dear SIMON BERNSTEIN:

Thank you for contacting Heritage Union Life Insurance Company.

Enclosed are copies of all of the forms and letters concerning the beneficiaries and owner of the
policy. We do not have any copy of the trust documents on file.

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

Sincerely,

Client Services

Enclosure(s): · Word Form ·

JCK000362

Capitol Bankers Life

CAPITOL BANKERS LIFE INSURANCE COMPANY
Home Office: Minneapolis, Minnesota
Administrative Office: 735 North Water St. P.O. Box 2016
Milwaukee, Wisconsin 53201 (414) 277-9999

1809208

(For an Annuity "Proposed Insured" means "Annuitant")

PERSONS TO BE INSURED (Print First Name, Middle Initial, Last Name)	Sex	Age	Birthdate	State of Birth	Ht.	Build	Wt.	Social Security Number
PROPOSED INSURED Simon Bernstein	M		12/3/35	Mich				
SPOUSE (if to be insured or Payor)								

DEPENDENT CHILDREN IF TO BE INSURED	NAME	Age	BIRTHDATE Mo. Day Yr.	NAME	Age	BIRTHDATE Mo. Day Yr.

Residence Address 620 N. Sheridan Rd. Employer S.B. Lexington, Inc.

City Glencoe State Ill. Zip 60022 Business Address 9933 Lawler

County _____ Telephone No. _____ Occupation Executive

Proposed insured will be owner of policy unless otherwise indicated.

Owner's Name First Arlington National Bank, Trustee Social Security Number _____

Mailing Address Of S.B. Lexington, Inc. Employee Death Benefit Trust

Relationship to Proposed Insured _____

	Yes	No
1. Is this insurance intended to replace or modify any insurance or annuity now carried?	☐	☒
2. Are there any other applications now pending for Life or Health Insurance?	☐	☒
Has any person to be covered:		
3. Flown in past 3 years other than as a fare paying passenger or is such contemplated?	☐	☒

	Yes	No
4. Ever participated in sky diving, skin diving, scuba diving, auto racing, mountain climbing or any avocation of a similar nature?	☐	☒
5. Had drivers license suspended or revoked? Drivers license number _____	☐	☒
6. Do you now smoke cigarettes?	☐	☒
7. If no, have you ever smoked cigarettes?	☐	☐
8. If yes, when did you stop? _____		

LIFE INSURANCE OR ANNUITY APPLIED FOR:

Plan CVL

Amount $2,000,000.

☐ Level Term for _____ Yr, $ _____
☐ Reducing Term for _____ Yr, $ _____
☐ Waiver of Premium ☐ G.P.O. _____
☐ ADB ☐ Other Units

If available, automatic premium loan provision?
Yes ☒ No ☐

Premiums ☒ Ann. ☐ Qtr. ☐ List Bill ☐ Other
Payable ☐ S.A. ☐ PAC ☐ Allotment

Total insurance in force?
(If space is insufficient, enter under Remarks.)

Name of Company	Coverage (Life)	Amount of Acc. Death	Year of Issue
Inter-Ocean	1,000,000		80

Beneficiaries: (Full names and relationship. If minor, give date of birth.) First Arlington National Bank, Trustee
Primary? of S.B. Lexington, Inc. Employee Death
Contingent: Benefit Trust

Send Notices to* see below
☐ Proposed Insured at Address Above
☐ or to Owner at Address Above ☐ Business Address Above

Remarks/Amendments PLEASE SEND PREMIUM NOTICES TO: * S.B. Lexington, Inc. Employee Death Benefit
Plan, c/o National Service Association
9933 Lawler Suite 210
Skokie, Illinois 60077

I represent that the statements and answers given in this application are true and complete to the best of my knowledge and belief. I understand and agree that insurance upon this application will not become effective (A) unless this application is accepted by the Insurance Company during my lifetime and the lifetime of each dependent listed above and (B) unless the first premium is paid in full during my lifetime and the lifetime of each dependent listed above.

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 reinsurers 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

_____ 3/2/82
Date

Signature of Proposed Insured _____