S. D. LEXTHATOH



National Service Association 600 WEST LYCKSON BLVO. + SURE 800 + CHICAGO, 1: 60661 + (312) 1093-0537

April 186, 1992

Sheldon Simon S&S Bag & Burlop Company 1024 Kana Kinzie Chicagh, 71, 60522

Pear He. Simon:

Planed with below to formally remove First of America Trust Company as Trustee and to approve LaSalle National Bank as Successor Tructee.

Please itex immediately to:

Bandy Kapsa National Service Association 600 W. Jackson Boulevard, Suite 860 Chicago, IL 60661

Ms Hacole Mueller First is America Trust Company 120 Wastate St., P.O. Box 1628 Rockfdan, IL 61110-0128

Re: fix dag & Burlap Company

Dear Ka. Hueller:

This edires as notification to remove First of America Trust Company as our Trustee. The LaSalle National Bank is the Successor Trustee. Pleasefre lease our complete file and assets to:

Lagalle National Trust, N.A. 135 S. LaSalle Street 4th Floor Chicago, 16 60603 Attention: Hr. William Kursar

865 BAS & Rurlap Company



National Service Association

600 WEST JACKSON BLVIX - SUITE 600 - CHICAGO, IL 4000 (312) 993-0537

June 5, 1992

Terri Holfert Capitol Bankers Life 205 E. Wisconsin Avenue P.O. Box 2016 Milwaukee, WI 53201

Re: Change of Trustees Simon Bernstein #1009208

Dear Terri:

Enclosed are copies of the removal of First of America Trust Company as trustee, and the appointing of the LaSalle National Trust, N.A. as Successor Trustee for Simon Bernstein/S.B. Lexington, Inc. policy at Capitol Bankers Life Insurance Company.

Please change all records to show LaSalle National Trust, N.A. as Trustee for the above policy.

I have also enclosed a letter from LaSalle National Trust, N.A. accepting the above cases.

If you need any additional information, please let me know.

Sincerely yours,

Sandy Kapsa Enclosure(s)

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April 3, 1998

Capital Burkers Life Insurance Company Buk 19191 Grandwile: SC 79632 9191

SIMON BERNSTEIN
7020 LIONS HEAD

RE: SIMON BERNSTEIN
-Policy #1009208

BOCA RATON , FL 33496

Dear SIMON BERNSTEIN

The executed ownership change for the above mentioned policy is as follows:

SIMON BERNSTEIN 7020 LIONS HEAD BOCA RATON , FL 33496

Capitol Bankers Life Insurance Company is happy to be of service to you. If we can be of any further assistance, please feel free to contact our office at 1-800-825-0003.

Sincerely, Capitol Bankers Life Insurance Company

DONNA HADLEY Policyowner Service Department

cc: CAPITOL BANKERS LIFE INSURANCE Agent #0000735

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S.B. Lexington, Inc.

600 WEST JACKSON BLVD. - SUITE 800 - CHICAGO, IL 60661 - (312) 993 - 0014 - FAX (312) 993 - 0485

November 10, 1995

Capitol Bankers Life
Attn: Policyholder Services
735 North Water Street
Post Office Box 2016
Milwaukee, WI 53201

RE: Simon Bernstein Policy # 1009208

To Whom It May Concern:

Enclosed please find a change of beneficary form for the above mentioned policy. Please process this form effective immediately.

Also, please send me an endorsed copy of this form so I know that the change has been made.

Sincerely,

Patti Simosky

INSURANCE COUNSELORS WITH (IN-TEG-RETY)

Capitol Bankers Life	
(35 Kofin Water Street P.O. Box 2016 Milwaykee Visconein 53207 814-277-9988	REQUEST LETTER TY NOV 2 7 1995
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I request that the Paid-Up Insurant CASH SURRENDER (Send Policy) Pay all cash surrender equities to r CHANGE OF NAME BY MARRIAGE Change name of Dinsured From (Print old Sinte reason for change: (If the person whose name is to be control of this request letter on the CHANGE BENEFICIARY AS FOLLOW Beneficiaries (Give full name, age. Primary (Payee at death of Insure LASALLE NATIONAL TRUS) Successor, (Substitute payee if me SIMON BERNSTEIN IRREVO	me and as consideration for such payment, I surrender my Policy. OR OTHERWISE (Do not send Policy) D Owner Iname) (Prior new name) (Prior new name) (Prior new name) (Iname) (Prior new name) (Prior new
I request that the Paid-Up Insurant CASH SURRENDER (Send Policy) Pay all cash surrender equities to r CHANGE OF NAME BY MARRIAGE Change name of Dinsured From (Print old Sinte reason for change: (If the person whose name is to be control of this request letter on the CHANGE BENEFICIARY AS FOLLOW Beneficiaries (Give full name, age. Primary (Payee at death of Insure LASALLE NATIONAL TRUS) Successor, (Substitute payee if me SIMON BERNSTEIN IRREVO	me and as consideration for such payment. I surrender my Policy. OR OTHERWISE (Do not send Policy) Downer I name) (Priot new name) (Priot new name) thanged is the policyholder both the old and the new name of the policyholder must be signed at the inne "Personal Signature of Policyholder.") YS: (Do not sond Policy) and relationship to Insured) and relationship to Insured) or, N. A. TRUSTEE or Primary payee living) OCABLE INSURANCE TRUST DATED JUNE 21, 1995 TRUST disend policy, if it is to be changed.)



Capitof Bankers Life Insurance Company
Bor 19191
FAX: 603-292-4085

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November 14, 1995

LASALLE NATIONAL TRUST, N.A. AS SUCESSOR TRUSTEE C/O NATIONAL SERVICE ASSOC. 600 W. JACKSON BLVD, SUITE 800 CHICAGO, IL 60661

RE: SIMON BERNSTEIN POLICY #1009208

Dear Sir/Madam:

I am writing this letter in response to your request. The above mentioned policy has been paid to November 27, 1995 by a premium loan.

The status of the loan is as follows:

 Net Loan
 \$5.139.05

 Interest
 \$66.46

 Total Gross Loan
 \$5,205.51

Total Outstanding Loan Balance to 27NOV1995: \$26,503.35

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

Capitol Bankers Life Insurance Company enjoys serving you. If you have any questions, feel free to contact our office at 1-800-825-0003.

Sincerely,

CBL Service Center

A member of the North American Life Assurance Company Family of Companies

ALC: 13%

Capitol Bankers Life

Capitol Bankers Life Insurance Company Box 19191 Greenville, SC 29502-9193 63 803-322-3142 • 800 \$25-0003 FAX: 803-292-4005 \$1 \$2 \$2

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ri.

November 27, 1995

LASALLE NATIONAL TRUST, N.A. AS SUCESSOR TRUSTEE C/O NATIONAL SERVICE ASSOC. 600 W. JACKSON BLVD, SUITE 800 CHICAGO, IL 60661

RE: SIMON BERNSTEIN Policy #1009208

Dear Sir/Madam:

The executed beneficiary change for the above mentioned policy is as follows:

PRIMARY-LASALLE NATIONAL TRUST, N.A. TRUSTEE CONTINGENT-SIMON BERNSTEIN INS. TRUST DATED 8/21/95.

This letter will serve as an endorsement to your policy. PLEASE ATTACH THIS LETTER TO YOUR POLICY.

Capitol Bankers Life Insurance Company is happy to be of service to you. If we can be of any further assistance, please feel free to contact our office at 1-800-825-0003.

Sincerely, CBL Service Center

A member of the North American Life Assurance Company Family of Companys

bat atribite

AWD History for Work object key 2012-05-23-13.38.34.850281T01

JLIFE - FORMS - PROCESSED - END - Updateable - 1009208 - BERNSTEIN - SIMON - 19 -Policy Number: 1009208

Social Security Num:

2012-05-23

16:55:03

4500N2

2012-05-23

16:55:06

4500N0

2012-05-23

16:54:33

Agent Number:

Insured's Last Name: BERNSTEIN

Printed on Tuesday, May 07, 2013 at 2:45:33PM ----------

0 0=

Begin Date: Begin Time: User Id:

2012-05-23 16:55:03 JAMBRCL

Flags: DTM Job Name: DTM Return Code: DTM Task Name: DTM Next Task:

End Date:

End Time:

Flags:

DTM Job Name:

DTM Task Name:

DTM Next Task:

End Date:

End Time:

Flags:

DTM Job Name:

DTM Task Name:

DTM Next Task:

End Date:

End Time:

DTM Return Code:

DTM Return Code:

Workstation Id: Business Area: Type:

Status: Queue: User Name:

AMBROSE, CANDYCE L

DTM Description:

Illustration Req form sent to PO

Begin Date: Begin Time: User Id:

Workstation Id:

Business Area:

2012-05-23 16:54:35 JAMBRCL

FORMS

Туре: Status: PROCESSED Queue: END User Name:

DTM Description:

AMBROSE, CANDYCE L

Comments:

Begin Date: 2012-05-23 Begin Time:

User Id:

Workstation Id: Business Area:

Type: Status:

Queue:

User Name: DTM Description: Comments:

16:54:27

JAMBRCL

JLIFE FORMS ALPHAMATCH

CSPROC AMBROSE, CANDYCE L

13:57:14

JSCOTNR

Begin Date:

Begin Time: User Id:

Workstation Id: Business Area:

Type: Status:

2012-05-23 Flags: DTM Job Name: DTM Return Code: DTM Task Name:

DTM Next Task: End Date: End Time:

2012-05-23 13:57:14

AWD History for Work object key 2012-05-23-13.38.34.850281T01

JLIFE - FORMS - PROCESSED - END - Updateable - 1009208 - BERNSTEIN - SIMON - 19 -Policy Number: 1009208

Social Security Num:

Agent Number:

Insured's Last Name: BERNSTEIN

Printed on Tuesday, May 07, 2013 at 2:45:33PM

0 0=

Queue: User Name:

SCOTT, NANCY R

DTM Description:

Comments:

This company requires a signed request by po on form.

Begin Date:

Workstation Id:

Begin Time:

2012-05-23 13:56:55

JSCOTNR

2012-05-23

13:38:58

JAMBRCL

Business Area: Type:

User Id:

Status: Queue:

JLIFE ILLUST ALPHAMATCH JAMBRCL

SCOTT, NANCY R User Name:

DTM Description:

Comments:

Begin Date:

Begin Time: User Id:

Workstation Id: Business Area:

Type: Status: Queue: User Name:

DTM Description:

Comments:

AMBROSE, CANDYCE L

please rum an inforce illustration and have mailed and faxed to PO at 561-988-8984

Begin Date: Begin Time: User Id:

13:38:17 JAMBRCL

2012-05-23

Workstation Id: Business Area: JLIFE

Type: ILLUST Status: ALPHAMATCH CSPROC2

Queue: User Name:

AMBROSE, CANDYCE L

DTM Description: Comments:

Flags:

DTM Job Name: DTM Return Code: DTM Task Name: DTM Next Task:

End Date: End Time:

2012-05-23

4500NO

Flags:

DTM Job Name: DTM Return Code: DTM Task Name: DTM Next Task:

End Date: End Time:

2012-05-23 13:38:58

4500NO DTM Job Name:

DTM Return Code: DTM Task Name: DTM Next Task:

End Date: End Time:

Flags:

2012-05-23 13:38:34

AWD History for Work object key 2012-05-23-13.38.34.850281T01

JLTFE - FORMS - PROCESSED - END - Updateable

1009208 - BERNSTEIN - SIMON - 19
Policy Number: 1009208

Insured's Last Name: BERNSTEIN

Printed on Tuesday, May 07, 2013 at 2:45:33PM

Social Security Num:

Agent Number:

0 0=

Heritage Union Life Insurance Company

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

May 23, 2012

SIMON BERNSTEIN 7020 LIONS HEAD BOCA RATON FL 33496

Insured Name: SIMON BERNSTEIN

Policy Number: 1009208

Correspondence Number: 11543832

Dear SIMON BERNSTEIN:

Thank you for contacting Heritage Union Life Insurance Company. As requested, an Illustration Form is enclosed. Please complete and sign this form and return to our office.

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): Illustrations Request

Heritage Union Life Insurance Company 800-825-0003

I am requesting an Illustration/Reprojection for policy number 1009208, insuring the life of SIMON BERNSTEIN .

Universal Life Policy	· E)
Current death benefit	and premiums
Minimum premiums	to endow at maturity
Minimum premiums	to carry to maturity
Other specific reques	
Please allow 7-14 business day	s from the date of receipt in our office for processing.
nank you.	
nank you.	Name:
nank you.	
lease allow 7-14 business day hank you. lease return illustration to:	Name:

G030F - Rev 06/08/2011

AWD History for Work object key 2012-06-11-10.11.10.045281T01

JLIFE - ILLUST - PROCESSD3 - 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 2:46:56PM

Begin Date: Begin Time: User Id:

2012-06-18 04:28:44 ACHETD

Flags: 9990N2

DTM Job Name: DTM Return Code: DTM Task Name: DTM Next Task:

Workstation Id: Business Area: Type:

JLIFE ILLUST PROCESSD3

End Date: End Time:

Status: Queue:

END

2012-06-18 04:29:11

9990NO

User Name:

DTM Description: Comments:

CHETTY, DEBORAH

Begin Date: Begin Time:

User Id:

2012-06-15 16:07:14

Flags: 9990NO

AWDCYCLE

DTM Job Name: DTM Return Code: DTM Task Name:

Workstation Id: Business Area: Type: Status:

JLIFE ILLUST CS2 CSPROC2

DTM Next Task: 2012-06-15 End Date: End Time: 16:01:14

Queue: User Name:

Batch Station & User, BATCH

DTM Description:

Begin Date:

Begin Time:

Comments:

2012-06-15 Flags: 14:46:48 DTM Job Name: JWIERTJ DTM Return Code: DTM Task Name:

User Id: Workstation Id: Business Area: Type:

JLIFE ILLUST PENDED2 PENDING DTM Next Task: End Date: 2012-06-15 End Time: 14:47:10

Queue: User Name:

Status:

WIERSMA, TONY J

DTM Description: Comments:

Begin Date: Begin Time:

User Id:

2012-06-15 14:46:45 JWIERTJ

Flags: DTM Job Name: DTM Return Code: DTM Task Name: DTM Next Task:

Workstation Id: Business Area: Type: Status:

End Date: 2012-06-15 End Time: 14:46:45

AWD History for Work object key 2012-06-11-10.11.10.045281T01

JLIFE - ILLUST - PROCESSD3 - END - Updateable - 1009208 - - BERNSTEIN - SIMON - 19

Social Security Num: Agent Number:

Policy Number: 1009208

Insured's Last Name: BERNSTEIN Printed on Tuesday, May 07, 2013 at 2:46:56PM

0 0=

Queue: User Name:

WIERSMA, TONY J

DTM Description:

Comments:

2 illustrations completed.

1. inforce 2. min prem mat

Begin Date: Begin Time:

User Id:

JBALLDS Workstation Id:

Business Area: Type:

Status: Queue:

User Name: DTM Description: Comments:

2012-06-12 09:05:59

JLIFE ILLUST AACTUARY ACTUARY

BALL, DEBRA S

2012-06-12 08:26:49

ADEJACX

JLIFE

ILLUST

CSPROC

CSPROC

2012-06-12

ALPHAMATCH

HASHMI, SADIYA

07:51:53

IHASHS

JLIFE

ILLUST

CSPROC2

DE JAGER, CHERYL

Begin Date: Begin Time:

User 'Id: Workstation Id: Business Area:

Type:

Status: Queue:

User Name: DTM Description:

Comments:

Begin Date:

Begin Time: User Id: Workstation Id:

Business Area:

Type: Status: Queue:

Comments:

User Name: DTM Description:

Flags: DTM Job Name:

DTM Return Code: DTM Task Name: DTM Next Task:

End Date: End Time:

2012-06-12 09:06:06

9990N0

Flags: DTM Job Name: DTM Return Code: DTM Task Name: DTM Next Task:

End Date: End Time:

2012-06-12 08:26:58

9990NO

4500NO

DTM Job Name: DTM Return Code: DTM Task Name: DTM Next Task:

End Date: End Time:

Flags:

2012-06-12 07:52:10

AWD History for Work object key 2012-06-11-10.11.10.045281T01

JLIFE - ILLUST - PROCESSD3 - END - Updateable

1009208 - BERNSTEIN - SIMON - 19 Policy Number: 1009208

Insured's Last Name: BERNSTEIN

Social Security Num:

Agent Number:

Printed on Tuesday, May 07, 2013 at 2:46:56PM

Type:

Status:

Queue:

0 0=

Begin Date:

2012-06-11 10:11:10

JLIFE

Flags:

End Time:

9500NO

Begin Time: User Id: Workstation Id: Business Area:

JBAUESK

DTM Job Name: DTM Return Code: DTM Return Code DTM Task Name: DTM Next Task: End Date:

CSGENERIC SCANNED INDEX

BAUER, SHAWNETTE K

2012-60 10:11:10 2012-06-11

User Name:

Comments:

DTM Description:

Heritage Union Life Insurance Company 800-825-0003

I am requesting an Illustration/Reprojection for policy number 1009208, insuring the life of SIMON BERNSTEIN .

~ ·		
Diana Banks	561-988-8984	
Universal Life Policy Current death benefit a Minimum premiums to Minimum premiums to Other specific request	nd premiums endow at maturity	
Please allow 7-14 business days Thank you. Please return illustration to:	from the date of receipt in our office for produced Name: Simon Bernstein	cessing,
	Address: 1000 Lions Head Lane Bora Pation, Fr. 33491 Fax: Phone:	

SIMORDINO

950 Paninsula Corporata Circle, Sutta 3010 Boca Raton, Florida 33487

Heritage Union Like Insca Dacksonville, # 62651

626日1114747



Heritage Union Life Insurance Company

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

June 18, 2012

SIMON BERNSTEIN 7020 LIONS HEAD BOCA RATON FL 33496

Insured Name: SIMON BERNSTEIN

Policy Number: 1009208

Correspondence Number: 11564819

Dear SIMON BERNSTEIN:

Thank you for contacting Heritage Union Life Insurance Company. We received your request for an illustration on the above referenced life insurance policy.

Enclosed is an illustration as requested.

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): Illustration

Heritage Union Life Insurance Company 1275 Sandusky Rd Jacksonville, IL 62650-2030 Illustration based on current interest rate of 4.50%

NAME:

SIMON BERNSTEIN

POLICY NUMBER:

1009208

ISSUE STATUS: ISSUE DATE: FACE AMOUNT:

47 Male NonSmoker December 27, 1982

\$1,689,070.00

TODAY'S DATE OPTION:

06/15/12

Including Cash Value

MODAL PREMIUM:

\$27,238.00

BEGINNING ACCT VALUE:

Quarterly \$58,075.74

END OF YEAR	DATE	AGE	PREMIUMS	ACCOUNT VALUE AT Current rate of 4.50%	CASH VALUE AT Current rate of 4.50%	CURRENT DEATH BENEFIT	LOAN AMOUNT
30	12/27/12	77	142,235.30	73,436.63	11,824.78	1,689,070	61,611.85
31	12/27/13	78	108,952.00	73,810.76	8,810.26	1,689,070	65,000.50
32	12/27/14	79	108,952.00	64,248.27	0.00	0.00	68,575.53

This is an illustration, not a contract.

The assumptions on which this illustration is based are subject to change, unless specifically labeled 'Guaranteed'.

This illustration assumes that the currently illustrated nonguaranteed elements will continue unchanged for all years shown. This is not likely to occur, and actual results may be more or less favorable than those shown.

Heritage Union Life Insurance Company 1275 Sandusky Rd Jacksonville, IL 62650-2030 Illustration based on current interest rate of 4.50%

NAME:

FACE AMOUNT:

SIMON BERNSTEIN

POLICY NUMBER:

1009208

ISSUE STATUS: ISSUE DATE:

47 Male NonSmoker December 27, 1982

\$1,689,070.00

TODAY'S DATE

06/15/12

OPTION: Including Cash Value

MODAL PREMIUM:

\$43,372.00 Quarterly

BEGINNING A	COT VALUE.
DECINAMING F	VGGI VALUE

\$58,075.74

END OF YEAR	DATE	AGE	PREMIUMS	ACCOUNT VALUE AT Current rate of 4.50%	CASH VALUE AT Current rate of 4.50%	CURRENT DEATH BENEFIT	LOAN AMOUNT
30	12/27/12	77	174,503.30	102,477.46	40,865.61	1,689,070	61,611.85
31	12/27/13	78	173,488.00	165,847.30	100,846.80	1,689,070	65,000.50
32	12/27/14	79	173,488.00	227, 104, 25	158,528.72	1,689,070	68,575.53
33	12/27/15	80	173,488.00	286,167.47	213,820.29	1,689,070	72,347.18
34	12/27/16	81	173,488.00	343,201.32	266,875.04	1,689,070	76,326.28
35	12/27/17	82	173,488.00	398,567.96	318,043.74	1,689,070	80,524.22
36	12/27/18	83	173,488,00	452,043,80	367,090.75	1,689,070	84,953.06
37	12/27/19	84	173,488.00	503,502.23	413,876,75	1,689,070	89,625.47
38	12/27/20	85	173,488.00	552,081,80	457,526.92	1,689,070	94,554.88
39	12/27/21	86	173,488.00	597,102,31	497,346.92	1,689,07D	99,755.39
40	12/27/22	87	173,488.00	637,705.64	532,463.70	1,689,070	105,241.94
41	12/27/23	88	173,488,00	672,791,32	561,761.08	1,689,070	111,030.25
42	12/27/24	89	173,488.00	701,141,93	584,005.02	1,689,070	117,136.91
43	12/27/25	90	173,488.00	723,858.74	600,279.30	1,689,070	123,579.44
44	12/27/26	91	173,488.00	742,908.10	612,531,79	1,689,070	130,376.31
45	12/27/27	92	173,488.00	759,584,94	622,037,93	1,689,070	137,547.01
46	12/27/28	93	173,488.00	773,440.57	628,328.48	1,689,070	145,112.09
47	12/27/29	94	173,488.00	779,190.20	626,096.95	1,689,070	153,093.26
48	12/27/30	95	173,488,00	768,250,85	606,737.46	1,689,070	161,513,39
49	12/27/31	96	173,488.00	734,412.66	564,016,04	1,689,070	170,396.62
50	12/27/32	97	173,488.00	676,439.95	496,671,51	1,689.070	179,768.44
51	12/27/33	98	173,488.00	582,761.55	393,105.85	1,689,070	189,655,70
52	12/27/34	99	173,488.00	436,938.93	236,852.16	1,689,070	200,086.76
53	12/27/35	100	173,488.00	213,270,09	2,178.56	1,689,070	211,091,54

This is an illustration, not a contract.

The assumptions on which this illustration is based are subject to change, unless specifically labeled 'Guaranteed'.

This illustration assumes that the currently illustrated nonguaranteed elements will continue unchanged for all years shown.

This is not likely to occur, and actual results may be more or less favorable than those shown.

Heritage Union Life Insurance Company 1275 Sandusky Rd Jacksonville, IL 62650-2030 Illustration based on current interest rate of 4,50%

NAME:

SIMON BERNSTEIN

TODAY'S DATE

06/15/12

POLICY NUMBER:

1009208

OPTION:

Including Cash Value

ISSUE STATUS: ISSUE DATE:

47 Male NonSmoker

MODAL PREMIUM:

\$27,238.00 Quarterly

FACE AMOUNT:

December 27, 1982 \$1,689,070.00

BEGINNING ACCT VALUE:

\$58,075.74

END OF YEAR	DATE	AGE	PREMIUMS	ACCOUNT VALUE AT Current rate of 4,50%	- CHOIL THE PIL	CURRENT DEATH BENEFIT	LOAN AMOUNT
30	12/27/12	77	142,235.30	73,436.63	11,824.78	1,689,070	61,611,85
31	12/27/13	78	108,952.00	73,810.76	8,810.26	1,689,070	65,000.50
32	12/27/14	79	108,952.00	64,248.27	0.00	0.00	68,575.53

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Heritage Union Life Insurance Company 1275 Sandusky Rd Jacksonville, IL 62650-2030 Illustration based on current interest rate of 4.50%

NAME: POLICY NUMBER: SIMON BERNSTEIN

1009208

TODAY'S DATE

06/15/12

ISSUE STATUS:

47 Male NonSmoker

OPTION: Including Cash Value

ISSUE DATE:

December 27, 1982

MODAL PREMIUM:

\$43,372.00

FACE AMOUNT: \$1,689,070.00

BEGINNING ACCT VALUE:

Quarterly \$58,075.74

END OF YEAR	DATE	AGE	PREMIUMS	ACCOUNT VALUE AT Current rate of 4.50%	CASH VALUE AT Current rate of 4.50%	CURRENT DEATH BENEFIT	LOAN AMOUNT
30	12/27/12	77	174,503.30	102,477,46	40,865.61	4 500 070	04 = 44 = =
31	12/27/13	78	173,488.00	165,847.30	100,846.80	1,689,070	61,611.85
32	12/27/14	79	173,488.00	227,104.25	158,528.72	1,689,070	65,000.50
33	12/27/15	80	173,488.00	286,167.47	213,820.29	1,689,070	68,575.53
34	12/27/16	81	1.73,488.00	343,201.32	266,875.04	1,689,070	72,347.18
35	12/27/17	82	173,488,00	398,567.96		1,689,070	76,326.28
36	12/27/18	83	173,488.00	452,043.80	318,043.74	1,689,070	80,524.22
37	12/27/19	84	2000 - 100 -		367,090.75	1,689,070	84,953,06
38	12/27/20	85	173,488.00	503,502.23	413,876.75	1,689,070	89,625.47
39			173,488.00	552,081.80	457,526.92	1,689,070	94,554,88
	12/27/21	86	173,488.00	597,102.31	497,346.92	1,689,070	99,755,39
40	12/27/22	87	173,488.00	637,705.64	532,463.70	1,689,070	105,241.94
41	12/27/23	88	173,488.00	672,791,32	561,761.08	1,689,070	111,030.25
42	12/27/24	89	173,488.00	701,141.93	584,005.02	1,689,070	117,136.91
43	12/27/25	90	173,488.00	723,858.74	600,279.30	1,689,070	123,579,44
44	12/27/26	91	173,488.00	742,908.10	612,531.79	1,689,070	130,376,31
45	12/27/27	92	173,488.00	759,584,94	622,037.93	1,689,070	
46	12/27/28	93	173,488.00	773,440.57	628,328.48	1,689,070	137,547.01
47	12/27/29	94	173,488,00	779,190.20	626,096,95		145,112.09
48	12/27/30	95	173,488.00	768,250.85		1,689,070	153,093,26
49	12/27/31	96	173,488.00	734,412.68	606,737.46	1,689,070	161,513.39
50	12/27/32	97	173,488,00		564,016.04	1,689,070	170,396.62
51	12/27/33			676,439.95	496,671.51	1,689,070	179,768.44
		98	173,488.00	582,761,55	393,105.85	1,689,070	189,655.70
52	12/27/34	99	173,488.00	436,938.93	236,852.16	1,689,070	200,086.76
53	12/27/35	100	173,488.00	213,270.09	2,178.56	1,689,070	211.091.54

This is an illustration, not a contract.

The assumptions on which this illustration is based are subject to change, unless specifically labeled 'Guaranteed'.

This illustration assumes that the currently illustrated nonguaranteed elements will continue unchanged for all years shown.

This is not likely to occur, and actual results may be more or less favorable than those shown.

AWD History for Work object key 2012-06-12-16.05.20.060281T01

JLIFE - OVERLOAN - PROCESSD1 - END - Updateable
- 1009208 - BERNSTEIN - SIMON - 19 -

Flags:

DTM Job Name:

DTM Next Task:

End Date:

End Time:

Flags:

DTM Job Name:

DTM Task Name:

DTM Next Task:

End Date:

End Time:

DTM Return Code:

DTM Return Code: DTM Task Name:

Social Security Num: Agent Number:

2012-06-22

10:14:39

JWALDTA

Policy Number: 1009208

6000N2

2012-06-22

10:14:48

2012-06-22

10:14:31

9990NO

2012-06-21

10:17:58

Insured's Last Name: BERNSTEIN

Printed on Tuesday, May 07, 2013 at 2:48:52PM

00=

Begin Date:

Begin Time: User Id:

Workstation Id: Business Area:

Type: Status:

JLIFE OVERLOAN PROCESSD1. Queue: END WALDEN, THERESA A

User Name: DTM Description:

Comments:

Begin Date: Begin Time: User Id: Workstation Id:

Business Area: Type:

Status: Oueue:

User Name: DTM Description:

Comments:

2012-06-22 10:14:31

JWALDTA

WALDEN, THERESA A

created work to have premium of \$36,800.35 reversed and reapplied as \$23,770.43 loan payment and contacted RT to have JE done to take care of loan that is not existing on policy with remaining 13,029.92

DTM Job Name: DTM Return Code:

DTM Task Name:

DTM Next Task:

End Date:

End Time:

Flags:

Begin Date: Begin Time:

User Id: Workstation Id:

Business Area: Type:

Status: Queue:

User Name: DTM Description: Comments:

Begin Date:

Begin Time:

Workstation Id:

Business Area:

User Id:

2012-06-21 10:17:58 JWALDTA

JLIFE OVERLOAN CSPROC

JWALDTA

WALDEN, THERESA A

2012-06-13

06:54:48 AMOREM

Flags:

DTM Job Name: DTM Return Code: DTM Task Name: DTM Next Task:

AWD History for Work object key 2012-06-12-16.05.20.060281T01 JLIFE - OVERLOAN - PROCESSD1 - END - Updateable

- 1009208 - - BERNSTEIN - SIMON - 19 Policy Number: 1009208

Social Security Num:

Agent Number: Insured's Last Name: BERNSTEIN

Printed on Tuesday, May 07, 2013 at 2:48:52PM

00=

Type: Status: Queue:

End Date: End Time:

Flags:

DTM Job Name: DTM Return Code:

DTM Task Name:

DTM Next Task:

End Date:

End Time:

Flags:

DTM Job Name:

DTM Return Code:

DTM Task Name:

DTM Next Task:

End Date:

End Time:

2012-06-13 06:54:48

9990NO

2012-06-13

06:54:54

2012-06-12

16:45:57

MOREMI, MAPASEKA

User Name: DTM Description:

Please assist with the request below , thank you

Begin Date:

Begin Time:

06:54:27 User Id: AMOREM Workstation Id:

Type: Status:

Business Area: Queue: User Name:

OVERLOAN CSPROC CSPROC

2012-06-13

JLIFE

MOREMI, MAPASEKA

DTM Description:

Comments:

Begin Date: Begin Time:

User Id: Workstation Id: Business Area:

Type: Status: Queue:

User Name: DTM Description: 2012-06-12

16:45:57

JTOLARL

Comments:

TOLAND, REGINA L

we got the 36,800.35 that we requested for overloan amount - this was applied to the policy as a reg premium payment - there is still a loan amount of 13,776.38 that is not on the system - even after the 36,8000.35 reg premium payment we still do not have enough cash value in the policy to add the 13,776 .38 loan - should the 36,800.35 reg premium amount be reversed and applied as a 23,023.97 loan payment with the additional 13,776.38 journaled to the loan account for the loaned amount that is not on the system - or is the policy still truely overloamed?

.

Begin Date:

Begin Time: User Id: Workstation Id: Business Area:

2012-06-12 16:04:42

JTOLARL

JLIFE

Flags:

DTM Job Name: DTM Return Code: DTM Task Name: DTM Next Task:

JCK000389

AWD History for Work object key 2012-06-12-16.05.20.060281T01

JLIFE - OVERLOAN - PROCESSD1 - END - Updateable

1009208 - BERNSTEIN - SIMON - 19 Policy Number: 1009208

Social Security Num:

Agent Number:

Insured's Last Name: BERNSTEIN Printed on Tuesday, May 07, 2013 at 2:48:52PM

00=

Type: Status: Queue:

OVERLOAN ALPHAMATCH CSPROC2

End Date: End Time: 2012-06-12 16:05:20

TOLAND, REGINA L

User Name: DTM Description: Comments:

AWD History for Work object key 2012-06-20-12.48.10.087281T01

JLIFE - FORMS - PROCESSED - END - Updateable - 1009208 - BERNSTEIN - SIMON - 19 -Policy Number: 1009208

Social Security Num:

Agent Number:

Insured's Last Name: BERNSTEIN

Printed on Tuesday, May 07, 2013 at 2:49:53PM

000=

Begin Date: Begin Time:

2012-06-20 13:06:24 User Id: JHUFFM

Workstation Id: Business Area: Type:

Status: Queue: User Name:

DTM Description:

Comments:

HUFF, MEGAN

FAXED

Begin Date: Begin Time:

User Id: Workstation Id: Business Area:

Type: Status: Queue:

User Name:

D'I'M Description:

Comments:

2012-06-20 12;49;54 JHUFFM

JLIFE FORMS PROCESSED END

HUFF, MEGAN

Begin Date: 2012-06-20 Begin Time: 13:03:54

User Id: Workstation Id: Business Area:

Туре: Status: Queue:

User Name: DTM Description:

Comments:

HUFF, MEGAN COB FAX TO # 561/988-0833

JHUFFM

Begin Date: Begin Time: User Id:

Workstation Id: Business Area:

Type: Status: 2012-06-20 12:48:11

JHUFFM

JLIFE FORMS

ALPHAMATCH

Flags:

DTM Job Name: DTM Return Code: DTM Task Name: DTM Next Task:

End Date: End Time:

2012-06-20 13:06:24

Flags: 4500N2

DTM Job Name: DTM Return Code: DTM Task Name: DTM Next Task:

End Date: End Time:

2012-06-20 13:05:48

Flags:

DTM Job Name: DTM Return Code: DTM Task Name: DTM Next Task:

End Date: End Time:

2012-06-20 13:03:54

4500N0

Flags: DTM Job Name: DTM Return Code: DTM Task Name: DTM Next Task:

End Date: End Time:

2012-06-20 13:04:05

AWD History for Work object key 2012-06-20-12.48.10.087281T01

JLIFE - FORMS - PROCESSED - END - Updateable

1009208 - BERNSTEIN - SIMON - 19 Policy Number: 1009208

Social Security Num:

Agent Number:

Insured's Last Name: BERNSTEIN Printed on Tuesday, May 07, 2013 at 2:49:53PM

000 =

Queue:

CSPROC

HUFF, MEGAN

User Name: DTM Description:

Comments:

Begin Date: Begin Time: User Id: 2012-06-20

12:48:10

JHUFFM

Workstation Id: Business Area:

Type:

Status: Queue:

PHONE PHONE CSPROC HUFF, MEGAN

DLIFE

User Name: DTM Description:

Comments:

Flags: DTM Job Name: DTM Return Code:

DTM Task Name: DTM Next Task:

End Date: End Time:

2012-06-20 12:48:10

9990NO

Heritage Union Life Insurance Company

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

June 20, 2012

SIMON BERNSTEIN FAX # 561/988-0833

Insured Name: SIMON BERNSTEIN

Policy Number: 1009208

Correspondence Number: 11568472

Dear SIMON BERNSTEIN:

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

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 beneficiary, refer to the Instructions - Request for Change of Beneficiary Form which are 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

Did you know you can download forms from our website? It is fast and convenient. Next time you need a form visit us at www.insurance-servicing.com.

Enclosure(s): Instructions-Beneficiary Change Form Beneficiary Change Form

Heritage Union Life Insurance Company 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%.
- 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.

Heritage Union Life Insurance Company

REQUEST FOR CHANGE OF BENEFICIARY FORM

Policy Number: 1009208

Insured: SIMON BERNSTEIN

Faxes Will Be Accepted

Policy owner: SIMON BERNSTEIN

Do Not Send Policy with this Form

Complete form by typing or printing using ink. Any alterations to the form must be initiated 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.

1)					
Name		Date of Birth	Relationship	SS# or TIN#	%
Address		·			
)					
Nяme		Date of Birth	Relationship	SS# or TIN#	%
Address					
CONTINGENT:					
Name		Date of Birth	Relationship	SS# or TIN#	
Address					- V
)					
			78-1-42		
Name		Date of Birth	Relationship	SS# or TIN#	%
Address					
Address blicies subject to Viatical / Life Settlement transatical settlement provider, a life settlement provider, atical or life financing entity, trustee, agent, securitiovider, or an individual or entity which invested in this twe) as the policyowner(s) hereby consent to the aboth is revocation and change, upon being filed and repolicy has been terminated, surrendered, or had a	the receiver or es intermediary s policy as a via ove designation ecorded with the	individual/entity leading to other representitical or life settlements and revoke all page 1986.	isted on this form iatical or life settl ative of a viatical ent?	n as beneficiary, ement company, or life settlemen	a a t Yes
	the receiver or es intermediary s policy as a via ove designation ecorded with the a claim filed an	individual/entity leading to other representitical or life settlements and revoke all page 1986.	isted on this form iatical or life settl ative of a viatical ent?	n as beneficiary, ement company, or life settlemen	a a t Yes
Address Dicies subject to Viatical / Life Settlement transatical settlement provider, a life settlement provider, atical or life financing entity, trustee, agent, security ovider, or an individual or entity which invested in this we) as the policyowner(s) bereby consent to the aboth is revocation and change, upon being filed and repolicy has been terminated, surrendered, or had a the Company. int Name of Policy Owner	the receiver or es intermediary s policy as a via ove designation ecorded with the a claim filed an Signature	individual/entity leads to offer represent tical or life settlements and revoke all page Company, will teldor processed again.	isted on this form iatical or life settl ative of a viatical ent? revions beneficiar ake effect as of th ainst it before this	n as beneficiary, ement company, or life settlemen	a a Yes t Yes The effectives signed, change is r
Address olicies subject to Viatical / Life Settlement transatical settlement provider, a life settlement provider, atical or life financing entity, trustee, agent, securitiovider, or an individual or entity which invested in this (we) as the policyowner(s) bereby consent to the above this revocation and change, upon being filed and repolicy has been terminated, surrendered, or had a the Company.	the receiver or es intermediary s policy as a via ove designation ecorded with the a claim filed an Signature	individual/entity leads or other represent tical or life settlements and revoke all page Company, will to door processed against of Policy Owner of Policy Co-Owner	isted on this form iatical or life settl ative of a viatical ent? revions beneficiar ake effect as of th ainst it before this	n as beneficiary, ement company, or life settlemen by designations. The date the form a revocation and the control of the cont	a a Yes t Yes The effective vas signed, change is r

AWD History for Work object key 2012-06-21-10.14.02.412281T01

JLIFE - PRMRESRCH - QPASS2 - END - Updateable
- 1039208 - BERNSTEIN - SIMON - 19 Policy Num: Policy Number: 1009208

Social Security Num:

Agent Number:

Insured's Last Name: BERNSTEIN

Printed on Tuesday, May 07, 2013 at 2:51:00PM ______

000=

Begin Date: Begin Time: User Id:

2012-07-16 10:28:42 JBURNM

Flags:

9990N0 DTM Job Name: DTM Return Code: DTM Task Name:

Workstation Id: Business Area:

Type: Status:

JLIFE PRMRESRCH QPASS2

DTM Next Task: End Date: End Time:

Flags:

End Time:

Flags:

2012-07-16 10:30:25

2012-06-21

10:33:44

9990Y1

2012-06-21

10:33:21

Queue: User Name:

END

BURNETT, MANDY

DTM Description:

Comments:

Begin Date:

Begin Time: User Id: Workstation Id:

Business Area:

10:33:44 **JBRANML**

2012-06-21

DTM Job Name: DTM Return Code: DTM Task Name: DTM Next Task: End Date:

Type: Status: Oueue:

User Name: DTM Description:

BRANT, MICHELLE L

Comments:

Reversed the premium payment and reapplied as requested. CS has been

DTM Job Name:

DTM Return Code:

DTM Task Name:

DTM Next Task:

End Date:

End Time:

notified

Begin Date:

Begin Time: User Id: Workstation Id: Business Area:

JBRANML

JLIFE

Type: Status: Queue: User Name: DTM Description: 2012-06-21 10:33:17

PRMRESRCH PROCESSD1

FSQC

BRANT, MICHELLE L

Begin Date: Begin Time:

Comments:

User Id: Workstation Id: Business Area: Type:

2012-06-21 1.0:23:13

JWALDTA

Flags:

DTM Job Name: DIM Return Code: DTM Task Name: DTM Next Task: End Date:

2012-06-21

AWD History for Work object key 2012-06-21-10.14.02.412281T01

JLIFE - PRMRESRCH - QPASS2 - END - Updateable - 1009208 - - BERNSTEIN - SIMON - 19 -

End Time:

Flags:

Social Security Num:

Policy Number: 1009208

Agent Number:

Insured's Last Name: BERNSTEIN

10:23:13

9990N0

2012-06-21

10:20:38

2012-06-21

10:17:46

4000N0

2012-06-21

Printed on Tuesday, May 07, 2013 at 2:51:00PM

000=

Status:

Queue:

User Name:

WALDEN, THERESA A

DTM Description:

Comments:

2012-06-21

10:20:24

JWALDTA

loan payment of \$23,023.97 should be applied as of 05/21/2012 also

DTM Job Name:

DTM Task Name:

DTM Next Task:

End Date:

End Time:

Flags:

DTM Job Name:

DTM Task Name:

DTM Next Task:

End Date:

End Time:

DTM Return Code:

pls reverse premium of \$36,800.35 as of 05/21/2012...apply a loan payment of \$23,023.97...then advise me when this is complete so we may perform further

DTM Return Code:

Begin Date:

Begin Time: User Id:

Workstation Id: Business Area:

Type: Status: Queue:

JLIFE PRMRESRCH FSPROC **FSPROC**

User Name:

DTM Description:

WALDEN, THERESA A

Comments:

Begin Date: Begin Time:

User Id:

Workstation Id: Business Area: Type:

Status: Oueue: User Name:

DTM Description:

2012-06-21 10:17:46

JWALDTA

WALDEN, THERESA A

Comments:

processing with the remainder of the funds

Flags:

DTM Job Name:

DTM Task Name:

DTM Next Task:

End Date:

DTM Return Code:

Begin Date: Begin Time:

User Id: Workstation Id: Business Area:

Type: Status:

DTM Description: Comments:

Queue: User Name: 2012-06-21 10:13:12

JWALDTA JLIFE

PRMRESRCH CREATED FSPROC2

WALDEN, THERESA A

End Time: 10:14:02

JCK000397

AWD History for Work object key 2012-06-21-10.14.02.412281T01

JLIFE - PRMRESRCH - QPASS2 - END - Updateable

- 1009208 - BERNSTEIN - SIMON - 19 Policy Number: 1009208

Insured's Last Name: BERNSTEIN

Printed on Tuesday, May 07, 2013 at 2:51:00PM

Social Security Num: Agent Number:

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AWD History for Work object key 2012-07-23-13.58.09.526281T01

Flags:

JLIFE - MINPREM - QPASS - END - Updateable - 1009208 - BERNSTEIN - SIMON - 19 -Policy Number: 1009208

DTM Job Name:

DTM Task Name:

DTM Next Task:

End Date:

End Time:

DTM Return Code:

Social Security Num:

Agent Number:

2012-08-22

13:20:57

9990N2

2012-07-24

15:09:32

2012-07-24

13:14:33

Insured's Last Name: BERNSTEIN

Printed on Tuesday, May 07, 2013 at 2:52:00PM _____

-0000 =

Begin Date: Begin Time:

2012-08-22 13:20:57 User Id: JHENSC

Workstation Id: Business Area: Type:

Status: Queue:

User Name: DTM Description:

Comments:

Begin Date:

Begin Time:

Workstation Id:

Business Area:

User Id:

Type:

HENSON, CARRIE

advd Diana amt needed to prevent policy from lapsing is 36000.36 on or before

8/28/2012, which was stated in the minprem ltr sent to PO

Flags:

DTM Job Name:

DTM Task Name: DTM Next Task:

End Date: End Time:

DTM Return Code:

2012-07-24 15:09:27

JRATLCM

JLIFE MINPREM QPASS

Status: Queue: END User Name:

DTM Description:

RATLIFF, CASSIE M

Comments:

Begin Date: 2012-07-24 Begin Time: 13:14:33

User Id: Workstation Id:

Business Area: Type: Status:

Queue: User Name:

DTM Description:

Comments:

MINPREM calculated, letter sent.

SAH, INDRESH

ISAHIX

Cyber not updated as curr prem is sufficient to cover policy.

Flags:

DTM Job Name:

DTM Task Name:

DTM Next Task:

End Date:

End Time:

DTM Return Code:

Begin Date: Begin Time:

User Id: Workstation Id: Business Area:

2012-07-24 13:05:21

ISAHIX JLIFE

Flags:

9990Y1

DTM Job Name: DTM Return Code: DTM Task Name: DTM Next Task:

AWD History for Work object key 2012-07-23-13.58.09.526281T01

JLIFE - MINPREM - QPASS - END - Updateable
- 1009208 - BERNSTEIN - SIMON - 19
Policy Number: 1009208

Social Security Num:

Agent Number:

Insured's Last Name: BERNSTEIN

Printed on Tuesday, May 07, 2013 at 2:52:00PM . =**##**

0000=

Type: Status: Queue:

MINPREM PROCESSED CSQC SAH, INDRESH

End Date: End Time:

Flags:

2012-07-24

2012-07-23

13:59:08

9990NO

2012-07-23

13:59:11

User Name:

DTM Description:

Comments:

Begin Date: Begin Time:

2012-07-23 13:59:08 User Id: JRUSSBS

Workstation Id: Business Area: Type:

Status:

Queue: User Name: DTM Description:

Comments:

RUSSWINKEL, BARB S

pls quote the minimum amt po can send in at this time to get policy out of grace period. fax to attn: Diana(auth on file) & 561-989-0833

DTM Job Name: DTM Return Code:

DTM Task Name:

DTM Next Task:

End Date:

End Time:

DTM Job Name:

DTM Task Name:

DTM Next Task:

End Date:

End Time:

DTM Return Code:

Flags:

Begin Date: Begin Time: User Id:

2012-07-23 13:58:12 **JRUSSBS** Workstation Id:

Business Area: Type:

Status: Queue: User Name:

DTM Description: Comments:

Begin Date:

JLIFE MINPREM ALPHAMATCH

JRUSSBS

CSPROC

RUSSWINKEL, BARB S

RUSSWINKEL, BARB S

2012-07-23 13:58:09

Begin Time: User Id: Workstation Id:

Business Area: JLIFE Type: PHONE Status: PHONE CSPROC

Queue: User Name: DTM Description:

Comments:

Flags: DTM Job Name: DTM Return Code: DTM Task Name: DTM Next Task:

End Date: End Time:

2012-07-23 13:58:09

9990NO

AWD History for Work object key 2012-07-23-13.58.09.526281T01

JLIFE - MINPREM - QPASS - END - Updateable

1009208 - BERNSTEIN - SIMON - 19 Policy Number: 1009208

Agent Number:

Printed on Tuesday, May 07, 2013 at 2:52:00PM

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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

July 24, 2012

SIMON BERNSTEIN 7020 LIONS HEAD BOCA RATON FL 33496

Insured Name: SIMON BERNSTEIN

Policy Number: 1009208

Correspondence Number: 09708430

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 \$36,000.36 prior to grace period ending date of 08/28/2012. This premium will pay this policy to 9/27/2012.

Our records indicate the current scheduled premium of \$27,238.00 is sufficient to cover the cost of insurance plus any policy expenses to the next policy anniversary date of 12/27/2012.

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

AWD History for Work object key 2012-09-03-09.30.32.185281T01 JLIFE - LCKBOXERR - PROCESSD4 - END - Updateable - 1009208 - BERNSTEIN - - 19 - Policy Number: 1009208

Social Security Num:

Agent Number:

Insured's Last Name: BERNSTEIN

Printed on Tuesday, May 07, 2013 at 2:53:34PM

Begin Date: Begin Time: User Id:

2012-09-05 13:43:19

Flags:

IYADARK

DTM Job Name: DTM Return Code: DTM Task Name:

Workstation Id: Business Area:

DTM Next Task:

Type:

Status:

End Date: End Time:

2012-09-05 13:43:19

Queue: User Name:

YADAV, RAM K

DTM Description:

Comments:

High dollar policy processed in good order.

Begin Date:

Begin Time: IYADARK

2012-09-05 13:22:56

Flags:

User Id: Workstation Id: DTM Job Name: DTM Return Code:

Business Area:

DTM Task Name: DTM Next Task:

Type: Status:

End Date:

2012-09-05

Queue:

End Time:

13:22:56

User Name: DTM Description:

YADAV, RAM K

Comments:

As per onshore, applied the amount as premium payment. Applied the money with GPE date as unable to apply it with money in date.

Begin Date:

Begin Time:

2012-09-05 13:10:25

Flags: 9990N2

User Id: Workstation Id: IYADARK

LCKBOXERR

JITEE

DTM Job Name: DTM Return Code: DTM Task Name:

Business Area: Type:

DTM Next Task:

Status:

End Date:

2012-09-05 13:23:50

Queue: User Name: PROCESSD4 End Time: END

DTM Description: Comments:

YADAV, RAM K

Begin Date: Begin Time: User Id:

2012-09-05

10:46:06 THUNTER

Flags: DTM Job Name: DTM Return Code:

Workstation Id: Business Area: Type: Status:

DTM Task Name: DTM Next Task:

End Date: End Time: 2012-09-05 10:46:06

AWD History for Work object key 2012-09-03-09.30.32.185281T01

JLIFE - LCKBOXERR - PROCESSD4 - END - Updateable
- 1009208 - BERNSTEIN - 19 Policy Number: 1009208

Flags:

End Time:

Flags:

End Time:

DTM Job Name:

DTM Task Name: DTM Next Task:

End Date:

DTM Return Code:

Social Security Num:

Agent Number:

Insured's Last Name: BERNSTEIN

9990NO

2012-09-05

10:45:15

Printed on Tuesday, May 07, 2013 at 2:53:34PM

Queue:

User Name:

HUNTER, TAMMY

DTM Description:

Comments:

Apply it as premium as this was the amount requested in the MINPREM letter.

Begin Date:

Begin Time: User Id:

Workstation Id: Business Area: JLIFE

Type: Status: Queue:

User Name: DTM Description:

2012-09-05 10:45:09 THUNTER

LCKBOXERR ANSWERED IYADARK

HUNTER, TAMMY

Comments:

Begin Date: Begin Time:

User Id: Workstation Id: Business Area:

Type: Status: Queue: User Name:

DTM Description: Comments:

2012-09-04 16:03:24

IYADARK

2012-09-04

15:49:00

LCKBOXERR

YADAV, RAM K

QUESTION

OUESTION

IYADARK

JLIFE

YADAV, RAM K

Received amount \$36000.36 thru itelecash under this policy. policy is suspended and on GPE. As per the procedure, we apply the money towards premium

DTM Job Name: DTM Return Code:

DTM Task Name:

DTM Next Task:

End Date: 2012-09-04

first if policy is on GPE. check# 291.

Please suggest.

Begin Date:

Begin Time: User Id:

Workstation Id: Business Area:

Type: Status: Queue:

User Name: DTM Description: Comments:

Flags:

DTM Job Name: DTM Return Code: DTM Task Name: D'I'M Next Task:

End Date: End Time:

2012-09-04 16:03:44

9990N0

16:03:24

AWD History for Work object key 2012-09-03-09.30.32.185281T01

JLIFE - LCKBOXERR - PROCESSD4 - END - Updateable
- 1009208 - BERNSTEIN - 19 Policy Nume: 1009208

Social Security Num:

Agent Number:

Insured's Last Name: BERNSTEIN Printed on Tuesday, May 07, 2013 at 2:53:34PM

Begin Date: 2012-09-04 Begin Time: 07:02:00 User Id:

ICHAUSX

Flags: 4000NO

Workstation Id: JLIFE

DTM Job Name: DTM Return Code: DTM Task Name: DTM Next Task:

End Date:

End Time:

Business Area: Type: Status:

LCKBOXERR ALPHAMATCH FSPROC2

20±2-05 07:02:02 2012-09-04

Oueue: User Name:

CHAUHAN, SUNIT X

DTM Description:

Comments:

Begin Date:

Flags:

Begin Time: User Id: Workstation Id:

2012-09-03 09:30:32 AWDCYCLE

DTM Job Name: DTM Return Code: DTM Task Name: DTM Next Task:

Business Area: Type:

End Date: End Time:

2012-09-03 09:30:32

Status: Queue:

User Name: DTM Description:

Batch Station & User, BATCH

ABC Company=08 - ABC Account Number=2412100 Comments:

Journal Date=8/31/2012 - Suspense Amount=(\$36,000.36)

Begin Date: Begin Time: User Id:

2012-09-03 09:30:32 AWDCYCLE

Flags: 8500NO

Workstation Id: Business Area:

DTM Job Name: DTM Return Code: DTM Task Name: JLIFE DTM Next Task:

Type: Status:

LCKBOXERR End Date: 2012-09-03 RIPPED End Time: 09:30:32 INDEX

Queue: User Name: DTM Description:

Batch Station & User, BATCH

Comments:

AWD History for Work object key 2012-09-05-16.00.37.843281T01

JLIFE - FORMS - PROCESSED - END - Updateable - 1009208 - BERNSTEIN - SIMON - 19 -Policy Number: 1009208

Social Security Num:

Agent Number:

Insured's Last Name: BERNSTEIN

Printed on Tuesday, May 07, 2013 at 2:53:44PM

000-

Begin Date: Begin Time: 2012-09-05 16:01:09 JROBEJL

Flags: DTM Job Name:

DTM Return Code:

DTM Task Name:

4500N2

User Id: Workstation Id:

Business Area: Type: Status:

JI TEE FORMS PROCESSED

END

DTM Next Task: End Date: End Time:

2012-09-05 16:01:57

2012-09-05

16:01:02

Queue:

User Name: ROBERTS, JAMIE L

DTM Description:

Comments:

Begin Date:

2012-09-05

Begin Time: User Id:

16:01:02 JROBEJL

Flags:

Workstation Id: Business Area:

DTM Job Name: DTM Return Code: DTM Task Name: DTM Next Task: End Date:

Type: Status: Queue:

User Name: DTM Description: ROBERTS, JAMIE L

Comments:

please fax illst request form.

Begin Date:

2012-09-05 Begin Time: 16:00:39 User Id: JROBEJL

Workstation Id:

Business Area: JLIFE Status:

FORMS ALPHAMATCH CSPROC

ROBERTS, JAMIE L

Flags:

End Time:

DTM Job Name: DTM Return Code: DTM Task Name:

DTM Next Task: End Date: End Time:

2012-09-05 16:01:27

4500NO

User Name: DTM Description:

Comments:

Type:

Queue:

Begin Date:

Type:

Status:

Begin Time: User Id: Workstation Id:

Business Area:

2012-09-05 16:00:37 JROBEJL

JLIFE FORMS PHONE

Flags:

DTM Job Name: DTM Return Code: DTM Task Name: DTM Next Task:

End Date: End Time:

2012-09-05 16:00:37

4500NO

AWD History for Work object key 2012-09-05-16.00.37.843281T01

JLIFE - FORMS - PROCESSED - END - Updateable

1009208 - BERNSTEIN - SIMON - 19
Policy Number: 1009208

1009208

Printed on Tuesday, May 07, 2013 at 2:53:44PM

Social Security Num:

Agent Number:

000=

Queue:

User Name: DTM Description: Comments:

CSPROC ROBERTS, JAMIE L