

04/03/88 FRI 10:23 FAX 1 312 819 0773

S.T.P.

03/30/88 11:22 312 819 0780

STP ENTERPRISES

MAR 27 '98 01:46PM LIBERTY INSURANCE SERVICES

P.2

Capitol Bankers Life

Capitol Bankers Life Insurance Company
Box 10391
Greenville, South Carolina 29622-9181
864-628-2142 • 800-673-0000 • FAX: 864-628-4006

REQUEST LETTER

Use this form to: change address, premium mode, mode, beneficiary, or owner; request duplicate policy, surrender, or non-forfeiture option; effect release of interest.

Instructions

- A separate request form must be completed for each policy.
- Please print or type all information except signatures.
- If applicable, the term "insured" also means "annuitant," and the term "policy" also means "contract."

Required Signatures

- Owner must sign ALL requests.
- If policy is collateral assigned, assignee must sign if request number 8 is made.
- If beneficiary was designated without right of revocation, beneficiary must sign if request number 8 or 9 is made.
- If owner resides in a community property state, the spouse of the owner must sign if request number 4 is made.
- If owner is a partnership, each partner must sign if request number 4 or 8 is made.
- If owner is a corporation, only an authorized officer other than the insured may sign. A resolution of authorization by the corporation's board of directors must be attached to this form if request number 5 or 8 is made.
- "Witness Signature" and "Additional Required Signatures" apply to any and all requests within this form.

Insured Simon Bernstein / S.B. Lexington Policy Number 1009208
 Owner Lasalle National Trust Telephone Number of Owner (312) 904-2486
 Mailing Address of Owner 135 South Lasalle Street Chicago IL 60674

1. ADDRESS CHANGE (Owner Only). The "Mailing Address of Owner" indicated above is a change of address. Change policy records and send all future correspondence and notices to the new address.

2. ADDRESS CHANGE (Other than Owner).
 For: Insured Assignee Payor (Billing Address) Other
 New Address: _____
Street and Street City State Zip Code

3. MODE OF PREMIUM PAYMENT CHANGE
 Change Mode to: Annual Semi-Annual Quarterly Pre-Authorized Check (attach complete authorization form and voided check)
 NOTE: One of the premium due dates of the new mode must be a policy anniversary.

4. BENEFICIARY CHANGE
 I hereby revoke all previous beneficiary designations and settlement options for the above policy. The beneficiary shall be as shown below. The rights of the beneficiary will be subject to the rights of any assignee of record.

PRIMARY	FULL NAME OF BENEFICIARY	RELATIONSHIP	% OF PROCEEDS
CONTINGENT	_____	_____	_____

Note: If beneficiary is being changed to a trust, give date of Trust Agreement: _____

5. NAME CHANGE FOR: Insured Owner
 From _____ to _____
Street and Street City State Zip Code

Reason for change: Marriage Divorce Other: _____
 (If the person whose name is to be changed is the policyowner, both the old and the new name must be signed at the bottom of this form on the line "Owner's Signature.")

6. OWNERSHIP CHANGE - ABSOLUTE ASSIGNMENT.
 For the value received, I hereby give all benefits, rights, and privileges incident to ownership of the above policy to:
 New Owner: SIMON BERNSTEIN Soc. Sec./Tax I.D. No. _____
 Mailing Address: 1020 East Hyde Chicago IL 60676

If ownership is being transferred to a trust, give date of Trust Agreement: _____

1-3 (1/88)
99101

04/03/98 FRL 10:24 FAX 1 312 819 0773

S.T.P.

03/30/98 11:23 TP312 819 0780
APR 27 '98 01:47PM LIBERTY INSURANCE SERVICES

STP ENTERPRISES

P.3

7. **DUPLICATE POLICY** (\$10.00 fee required) or **CERTIFICATE OF INSURANCE** (no fee)
I hereby declare that the above policy was lost or destroyed under the following circumstances:

I agree that, upon issuance of a duplicate policy, the original policy will be null and void, and that, if the original is found, it will be promptly returned to the Company. I agree to hold Capital Guaranty Life harmless from any claim or expense under the original policy.

8. **POLICY LOAN**

I request a policy loan of \$_____ or the Maximum Loan Value, if less.

Variable Interest Rate

Fixed Interest Rate

I request a policy loan to pay premiums due:

Variable Interest Rate

Fixed Interest Rate

I request the addition of the Automatic Premium Loan provision to my policy:

Variable Interest Rate

Fixed Interest Rate

Note that a Fixed Rate Loan reduces the cash value and face amount at anniversary. This transaction may cause premiums to increase.

A Variable Loan affects the values of the policy only upon death or surrender.

If the loan rate option is not specified, the loan will be processed under the loan rate provisions of the policy.

9. **POLICY SURRENDER.** I am surrendering the policy; I request a full surrender.

INCOME TAX WITHHOLDING NOTICE AND ELECTION: In 1982, Congress passed the Tax Equity and Fiscal Responsibility Act (TEFRA). This law requires that a tax of 10% be withheld from the taxable portion of certain life insurance payments you receive unless you decide not to have tax withheld. Withholding applies only to the taxable portion of the payment you receive and not to the entire payment. The taxable portion, which is subject to withholding, is, in general, equal to the excess of the amount you receive over the total net amount which is considered to be your cost basis for such amount. In many instances, when a life insurance policy is surrendered for its cash value, there is no such excess.

Elect withholding or no withholding by checking the appropriate box below. Please complete this section of this form by signing it and filling in your Social Security Number. If you do not make a choice, we will withhold 10% for Federal income taxes from any taxable portion of your payment.

Even if you decide not to have Federal income tax withheld, you are still liable for payment of Federal income tax on the taxable portion of this payment. You may be subject to tax penalties under the Estimated Tax Payment Rules if your payments of estimated tax and withholding, if any, are not sufficient.

PLEASE (✓) ONE BLOCK

I have read the above notice and elect to have no income tax withheld.

I have read the above notice and elect to have income tax withheld.

Resident State _____

Social Security Number _____

* If not completed properly we may be required to withhold 10% from any distributions of your payments.

10. **OTHER.** Indicate here any change not listed on this form, EXCEPT Addition of Riders, Reinstatement, Increase in Death Benefit, Change in Plan, or Conversion.

BY MY SIGNATURE BELOW, I ACKNOWLEDGE THAT: I understand that this request is subject to the provisions and conditions of the above policy and that the Company may request additional information or impose additional requirements. I agree that my signature shall apply to each request which has been checked on this form and further agree that no request which is not checked will become effective. I certify that the above policy is not pledged or assigned to any other person or corporation, except where stated in the request, and that no proceedings in bankruptcy are pending.

signed at Chicago, IL

on 3-31-98

Archie S. Kattar, LaSalle Natl Bk
President of Liberty Guaranty Life (Required Signature Within Two Weeks)

LA SALLE NATIONAL BANK

BY: [Signature]

Branch Signature

New Owner's Signature, if Applicable

Accepted Agent Signature (If Any)
(Initials or any form in This Form Other Than Accepted Agent's This table Applies in This Policy)



JLY NOV 27 1995

S.D. Lexington, Inc.

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

00000000000000000000000000000000

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 beneficiary 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-RITY)

JCK000369

Capitol Bankers Life

CAPITOL BANKERS LIFE INSURANCE COMPANY
635 Kofin Water Street P.O. Box 2018
Milwaukee, Wisconsin 53201
414-277-9988

REQUEST LETTER

JLY NOV 27 1995

RECEIVED
11/27/95

TO: Capitol Bankers Life Insurance Co

Please comply with the request I have checked below in connection with Policy Number 1009208

Name of Insured SIMON BERNSTEIN

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

CHANGE MAIL ADDRESS TO (Do not send Policy)

(New Mail Address)

POLICY LOAN (Do not send policy)

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

I request policy loan to pay current premium due.

CHANGE OF OWNERSHIP FROM _____ to _____
(Print old owner name) (Print new owner name)

ADDRESS _____

EXTENDED TERM INSURANCE (Do not send Policy)

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

AUTOMATIC PREMIUM LOAN (Do not send Policy)

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

PAID-UP INSURANCE (Send Policy)

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

CASH SURRENDER (Send Policy)

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

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

Change name of Insured Owner

From _____ to _____
(Print old name) (Print new name)

State reason for change: _____

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

CHANGE BENEFICIARY AS FOLLOWS: (Do not send Policy)

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

Primary (Payee at death of Insured)

LASALLE NATIONAL TRUST, N.A. TRUSTEE

Successor. (Substitute payee if no Primary payee living)

SIMON BERNSTEIN IRREVOCABLE INSURANCE TRUST DATED JUNE 21, 1995 TRUST

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

Agent _____ Date 11-7-95 Personal Signature of Old Owner, if Ownership Change
BY: Tricia Womber
Agent _____ Date _____ Personal Signature of Policyholder (Owner)

PHS1 (1/79)

JCK000370



Capitol Bankers Life Insurance Company 803-322-3142 • 800-825-0003
Box 19191
Greenville, SC 29602-9191 FAX: 803-292-4005

000000000000000000000000

November 14, 1995

LASALLE NATIONAL TRUST, N.A.
AS SUCCESSOR 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

JCK000371



Capitol Bankers Life

November 27, 1995

Capitol Bankers Life Insurance Company
Box 19191
Greenville, SC 29602-9191
803-322-3142 • 800-825-0003
FAX: 803-292-4005

0
1
2
3
4
5
6
7
8
9
A
B
C
D
E
F
G
H
I
J
K
L
M
N
O
P
Q
R
S
T
U
V
W
X
Y
Z
[

LASALLE NATIONAL TRUST, N.A.
AS SUCCESSION 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 6/21/95.

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 Companies

JCK000372

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

JLIFE - FORMS - 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 2:45:33PM

0 0=

Begin Date: 2012-05-23 Flags:
Begin Time: 16:55:03 DTM Job Name:
User Id: JAMBRCL DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: DTM Next Task:
Type: End Date: 2012-05-23
Status: End Time: 16:55:03
Queue:
User Name: AMBROSE, CANDYCE L
DTM Description:
Comments: Illustration Req form sent to PO

Begin Date: 2012-05-23 Flags: 4500N2
Begin Time: 16:54:35 DTM Job Name:
User Id: JAMBRCL DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: JLIFE DTM Next Task:
Type: FORMS End Date: 2012-05-23
Status: PROCESSED End Time: 16:55:06
Queue: END
User Name: AMBROSE, CANDYCE L
DTM Description:
Comments:

Begin Date: 2012-05-23 Flags: 4500N0
Begin Time: 16:54:27 DTM Job Name:
User Id: JAMBRCL DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: JLIFE DTM Next Task:
Type: FORMS End Date: 2012-05-23
Status: ALPHAMATCH End Time: 16:54:33
Queue: CSEROC
User Name: AMBROSE, CANDYCE L
DTM Description:
Comments:

Begin Date: 2012-05-23 Flags:
Begin Time: 13:57:14 DTM Job Name:
User Id: JSCOTNR DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: DTM Next Task:
Type: End Date: 2012-05-23
Status: End Time: 13:57:14

JCK000373

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

JLIFE - FORMS - 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 2:45:33PM

0 0=

Queue:
User Name: SCOTT, NANCY R
DTM Description:
Comments: This company requires a signed request by po on form.

Begin Date: 2012-05-23 Flags: 4500N0
Begin Time: 13:56:55 DTM Job Name:
User Id: JSCOTNR DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: JLIFE DTM Next Task:
Type: ILLUST End Date: 2012-05-23
Status: ALPHAMATCH End Time: 13:56:55
Queue: JAMBRCL
User Name: SCOTT, NANCY R
DTM Description:
Comments:

Begin Date: 2012-05-23 Flags:
Begin Time: 13:38:58 DTM Job Name:
User Id: JAMBRCL DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: DTM Next Task:
Type: End Date: 2012-05-23
Status: End Time: 13:38:58
Queue:
User Name: AMBROSE, CANDYCE L
DTM Description:
Comments: please run an inforce illustration and have mailed and faxed to PO at
561-988-8984

Begin Date: 2012-05-23 Flags: 4500N0
Begin Time: 13:38:17 DTM Job Name:
User Id: JAMBRCL DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: JLIFE DTM Next Task:
Type: ILLUST End Date: 2012-05-23
Status: ALPHAMATCH End Time: 13:38:34
Queue: CSPROC2
User Name: AMBROSE, CANDYCE L
DTM Description:
Comments:

JCK000374

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

JLIFE - FORMS - PROCESSED - END - Updateable

1009208 - - BERNSTEIN - SIMON - 19 -

Social Security Num: [REDACTED] Policy Number: 1009208

Agent Number: [REDACTED] Insured's Last Name: BERNSTEIN

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

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

JCK000376

Heritage Union Life Insurance Company

800-825-0003

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

Name and Phone of contact in the event we have questions

Universal Life Policy

- Current death benefit and premiums
- Minimum premiums to endow at maturity
- Minimum premiums to carry to maturity
- Other specific request

Please allow 7-14 business days from the date of receipt in our office for processing.
Thank you.

Please return illustration to:

Name: _____
Address: _____
Fax: _____
Phone: _____

Policy Owner Signature

Date

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: [REDACTED] Policy Number: 1009208
Agent Number: [REDACTED] Insured's Last Name: BERNSTEIN
Printed on Tuesday, May 07, 2013 at 2:46:56PM

0 0=

Begin Date: 2012-06-18 Flags: 9990N2
Begin Time: 04:28:44 DTM Job Name:
User Id: ACHETD DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: JLIFE DTM Next Task:
Type: ILLUST End Date: 2012-06-18
Status: PROCESSD3 End Time: 04:29:11
Queue: END
User Name: CHETTY, DEBORAH
DTM Description:
Comments:

Begin Date: 2012-06-15 Flags: 9990N0
Begin Time: 16:01:14 DTM Job Name:
User Id: AWDCYCLE DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: JLIFE DTM Next Task:
Type: ILLUST End Date: 2012-06-15
Status: CS2 End Time: 16:01:14
Queue: CSPROC2
User Name: Batch Station & User, BATCH
DTM Description:
Comments:

Begin Date: 2012-06-15 Flags: 9990N0
Begin Time: 14:46:48 DTM Job Name:
User Id: JWIERTJ DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: JLIFE DTM Next Task:
Type: ILLUST End Date: 2012-06-15
Status: PENDEED2 End Time: 14:47:10
Queue: PENDING
User Name: WIERSMA, TONY J
DTM Description:
Comments:

Begin Date: 2012-06-15 Flags:
Begin Time: 14:46:45 DTM Job Name:
User Id: JWIERTJ DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: DTM Next Task:
Type: End Date: 2012-06-15
Status: End Time: 14:46:45

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

JLIFE - ILLUSTR - 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

0 0=

Queue:
User Name: WIERSMA, TONY J
DTM Description:
Comments: 2 illustrations completed.
1. inforce
2. min prem mat

Begin Date: 2012-06-12 Flags: 9990N0
Begin Time: 09:05:59 DTM Job Name:
User Id: JBALLDS DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: JLIFE DTM Next Task:
Type: ILLUSTR End Date: 2012-06-12
Status: ACTUARY End Time: 09:06:06
Queue: ACTUARY
User Name: BALL, DEBRA S
DTM Description:
Comments:

Begin Date: 2012-06-12 Flags: 9990N0
Begin Time: 08:26:49 DTM Job Name:
User Id: ADEJACK DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: JLIFE DTM Next Task:
Type: ILLUSTR End Date: 2012-06-12
Status: CSPROC End Time: 08:26:58
Queue: CSPROC
User Name: DE JAGER, CHERYL
DTM Description:
Comments:

Begin Date: 2012-06-12 Flags: 4500N0
Begin Time: 07:51:53 DTM Job Name:
User Id: IHASHS DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: JLIFE DTM Next Task:
Type: ILLUSTR End Date: 2012-06-12
Status: ALPHAMATCH End Time: 07:52:10
Queue: CSPROC2
User Name: HASHMI, SADIYA
DTM Description:
Comments:

JCK000379

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

JLIFE - ILLUSTR - PROCESSD3 - END - Updateable

1009208 - - BERNSTEIN - SIMON - 19 -
Social Security Num: [REDACTED] Policy Number: 1009208 Insured's Last Name: BERNSTEIN
Agent Number: [REDACTED]

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

0 0=

Begin Date: 2012-06-11 Flags: 9500N0
Begin Time: 10:11:10 DTM Job Name:
User Id: JBAUESK DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: JLIFE DTM Next Task:
Type: CSGENERIC End Date: 2012-06-11
Status: SCANNED End Time: 10:11:10
Queue: INDEX
User Name: BAUER, SHAWNETTE K
DTM Description:
Comments:

JCK000380

Heritage Union Life Insurance Company

800-825-0003

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

Name and Phone of contact in the event we have questions

Diana Banks 561-988-2984

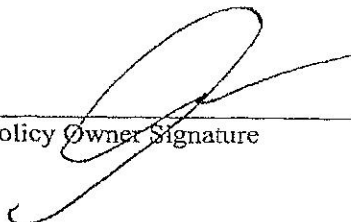
Universal Life Policy

- Current death benefit and premiums
- Minimum premiums to endow at maturity
- Minimum premiums to carry to maturity
- Other specific request

Please allow 7-14 business days from the date of receipt in our office for processing.
Thank you.

Please return illustration to:

Name: Simon Bernstein
Address: 7020 Lions Head Lane
Boca Raton, FL 33496
Fax: _____
Phone: _____



Policy Owner Signature

6/1/12

Date

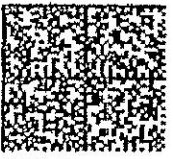
CONCEPTS

Life
INSURANCE CONCEPTS



950 Peninsula Corporate Circle, Suite 3010
Boca Raton, Florida 33487

Heritage Union Life Ins Co
PO Box 1147
Jacksonville, FL 32251



UNITED STATES POSTAGE
PITNEY BOWES
\$ 000.450
02 1P JUN 01 2012
0003859686
MAILED FROM ZIP CODE 33487

62851114747



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

JCK000383

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: 47 Male NonSmoker
 ISSUE DATE: December 27, 1982
 FACE AMOUNT: \$1,689,070.00

TODAY'S DATE: 06/15/12
 OPTION: Including Cash Value
 MODAL PREMIUM: \$27,238.00
 Quarterly
 BEGINNING ACCT VALUE: \$58,075.74

<u>END OF YEAR</u>	<u>DATE</u>	<u>AGE</u>	<u>PREMIUMS</u>	<u>ACCOUNT VALUE AT Current rate of 4.50%</u>	<u>CASH VALUE AT Current rate of 4.50%</u>	<u>CURRENT DEATH BENEFIT</u>	<u>LOAN AMOUNT</u>
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: SIMON BERNSTEIN
 POLICY NUMBER: 1009208
 ISSUE STATUS: 47 Male NonSmoker
 ISSUE DATE: December 27, 1982
 FACE AMOUNT: \$1,689,070.00

TODAY'S DATE: 06/15/12
 OPTION: Including Cash Value
 MODAL PREMIUM: \$43,372.00
 Quarterly
 BEGINNING ACCT VALUE: \$58,075.74

<u>END OF YEAR</u>	<u>DATE</u>	<u>AGE</u>	<u>PREMIUMS</u>	<u>ACCOUNT VALUE AT</u> Current rate of 4.50%	<u>CASH VALUE AT</u> Current rate of 4.50%	<u>CURRENT DEATH BENEFIT</u>	<u>LOAN AMOUNT</u>
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	158,628.72	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	552,081.60	457,526.92	1,689,070	94,554.88
39	12/27/21	86	173,488.00	597,102.31	497,346.92	1,689,070	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	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
 POLICY NUMBER: 1009208
 ISSUE STATUS: 47 Male NonSmoker
 ISSUE DATE: December 27, 1982
 FACE AMOUNT: \$1,689,070.00

TODAY'S DATE: 06/15/12
 OPTION: Including Cash Value
 MODAL PREMIUM: \$27,238.00
 Quarterly
 BEGINNING ACCT VALUE: \$58,075.74

<u>END OF YEAR</u>	<u>DATE</u>	<u>AGE</u>	<u>PREMIUMS</u>	<u>ACCOUNT VALUE AT Current rate of 4.50%</u>	<u>CASH VALUE AT Current rate of 4.50%</u>	<u>CURRENT DEATH BENEFIT</u>	<u>LOAN AMOUNT</u>
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: SIMON BERNSTEIN
 POLICY NUMBER: 1009208
 ISSUE STATUS: 47 Male NonSmoker
 ISSUE DATE: December 27, 1982
 FACE AMOUNT: \$1,689,070.00

TODAY'S DATE: 06/15/12
 OPTION: Including Cash Value
 MODAL PREMIUM: \$43,372.00
 Quarterly
 BEGINNING ACCT 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	1,689,070	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	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.

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

JLIFE - OVERLOAN - PROCESSD1 - END - Updateable

1009208 - - BERNSTEIN - SIMON - 19 -

Social Security Num: [REDACTED] Policy Number: 1009208

Agent Number: [REDACTED] Insured's Last Name: BERNSTEIN

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

=====
00=

Begin Date: 2012-06-22 Flags: 6000N2
Begin Time: 10:14:39 DTM Job Name:
User Id: JWALDTA DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: JLIFE DTM Next Task:
Type: OVERLOAN End Date: 2012-06-22
Status: PROCESSD1 End Time: 10:14:48
Queue: END
User Name: WALDEN, THERESA A
DTM Description:
Comments:

Begin Date: 2012-06-22 Flags:
Begin Time: 10:14:31 DTM Job Name:
User Id: JWALDTA DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: DTM Next Task:
Type: End Date: 2012-06-22
Status: End Time: 10:14:31
Queue:
User Name: WALDEN, THERESA A
DTM Description:
Comments: 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

Begin Date: 2012-06-21 Flags: 9990N0
Begin Time: 10:17:58 DTM Job Name:
User Id: JWALDTA DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: JLIFE DTM Next Task:
Type: OVERLOAN End Date: 2012-06-21
Status: CSEROC End Time: 10:17:58
Queue: JWALDTA
User Name: WALDEN, THERESA A
DTM Description:
Comments:

Begin Date: 2012-06-13 Flags:
Begin Time: 06:54:48 DTM Job Name:
User Id: AMOREM DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: DTM Next Task:

JCK000388

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

JLIFE - OVERLOAN - PROCESSD1 - 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 2:48:52PM

00=

Type: End Date: 2012-06-13
Status: End Time: 06:54:48
Queue:
User Name: MOREMI, MAPASEKA
DTM Description:
Comments: Please assist with the request below , thank you

Begin Date: 2012-06-13 Flags: 9990N0
Begin Time: 06:54:27 DTM Job Name:
User Id: AMOREM DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: JLIFE DTM Next Task:
Type: OVERLOAN End Date: 2012-06-13
Status: CSPROC End Time: 06:54:54
Queue: CSPROC
User Name: MOREMI, MAPASEKA
DTM Description:
Comments:

Begin Date: 2012-06-12 Flags:
Begin Time: 16:45:57 DTM Job Name:
User Id: JTOLARL DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: DTM Next Task:
Type: End Date: 2012-06-12
Status: End Time: 16:45:57
Queue:
User Name: TOLAND, REGINA L
DTM Description:
Comments: 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 36,800.35 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 truly overloaned?

Begin Date: 2012-06-12 Flags: 3000N0
Begin Time: 16:04:42 DTM Job Name:
User Id: JTOLARL DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: JLIFE 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 -

Social Security Num: [REDACTED] Policy Number: 1009208

Agent Number: [REDACTED] Insured's Last Name: BERNSTEIN

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

=====
00=

Type: OVERLOAN End Date: 2012-06-12
Status: ALPHAMATCH End Time: 16:05:20
Queue: CSPROC2
User Name: TOLAND, REGINA L
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 -

Social Security Num: ██████████ Policy Number: 1009208

Agent Number: ██████████ Insured's Last Name: BERNSTEIN

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

=====
000=

Begin Date: 2012-06-20 Flags:
Begin Time: 13:06:24 DTM Job Name:
User Id: JHUFFM DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: DTM Next Task:
Type: End Date: 2012-06-20
Status: End Time: 13:06:24
Queue: User Name: HUFF, MEGAN
DTM Description: DTM Description:
Comments: FAXED Comments:

Begin Date: 2012-06-20 Flags: 4500N2
Begin Time: 12:49:54 DTM Job Name:
User Id: JHUFFM DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: JLIFE DTM Next Task:
Type: FORMS End Date: 2012-06-20
Status: PROCESSED End Time: 13:05:48
Queue: END User Name: HUFF, MEGAN
DTM Description: DTM Description:
Comments: Comments:

Begin Date: 2012-06-20 Flags:
Begin Time: 13:03:54 DTM Job Name:
User Id: JHUFFM DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: DTM Next Task:
Type: End Date: 2012-06-20
Status: End Time: 13:03:54
Queue: User Name: HUFF, MEGAN
DTM Description: DTM Description:
Comments: COB FAX TO # 561/988-0833 Comments:

Begin Date: 2012-06-20 Flags: 4500N0
Begin Time: 12:48:11 DTM Job Name:
User Id: JHUFFM DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: JLIFE DTM Next Task:
Type: FORMS End Date: 2012-06-20
Status: ALPHAMATCH End Time: 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 -

Social Security Num: [REDACTED] Policy Number: 1009208

Agent Number: [REDACTED] Insured's Last Name: BERNSTEIN

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

=====
000=

Queue: CSPROC
User Name: HUFF, MEGAN
DTM Description:
Comments:

Begin Date: 2012-06-20 Flags: 9990N0
Begin Time: 12:48:10 DTM Job Name:
User Id: JHUFFM DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: DLIFE DTM Next Task:
Type: PHONE End Date: 2012-06-20
Status: PHONE End Time: 12:48:10
Queue: CSPROC
User Name: HUFF, MEGAN
DTM Description:
Comments:

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

JCK000393

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%.
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.

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

JLIFE - PRMRESRCH - QPASS2 - END - Updateable

[REDACTED] - 1009208 - - BERNSTEIN - SIMON - 19 -

Social Security Num: [REDACTED] Policy Number: 1009208

Agent Number: [REDACTED] Insured's Last Name: BERNSTEIN

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

000=

Begin Date: 2012-07-16 Flags: 9990N0
Begin Time: 10:28:42 DTM Job Name:
User Id: JBURNM DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: JLIFE DTM Next Task:
Type: PRMRESRCH End Date: 2012-07-16
Status: QPASS2 End Time: 10:30:25
Queue: END
User Name: BURNETT, MANDY
DTM Description:
Comments:

Begin Date: 2012-06-21 Flags:
Begin Time: 10:33:44 DTM Job Name:
User Id: JBRANML DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: DTM Next Task:
Type: End Date: 2012-06-21
Status: End Time: 10:33:44
Queue:
User Name: BRANT, MICHELLE L
DTM Description:
Comments: Reversed the premium payment and reapplied as requested. CS has been notified

Begin Date: 2012-06-21 Flags: 9990Y1
Begin Time: 10:33:17 DTM Job Name:
User Id: JBRANML DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: JLIFE DTM Next Task:
Type: PRMRESRCH End Date: 2012-06-21
Status: PROCSSD1 End Time: 10:33:21
Queue: FSQC
User Name: BRANT, MICHELLE L
DTM Description:
Comments:

Begin Date: 2012-06-21 Flags:
Begin Time: 10:23:13 DTM Job Name:
User Id: JWALDTA DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: DTM Next Task:
Type: End Date: 2012-06-21

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

JLIFE - PRMRSRCH - QPASS2 - END - Updateable

- 1009208 - - BERNSTEIN - SIMON - 19 -

Social Security Num: [REDACTED] Policy Number: 1009208

Agent Number: [REDACTED] Insured's Last Name: BERNSTEIN

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

=====
000=

Status: End Time: 10:23:13
Queue:
User Name: WALDEN, THERESA A
DTM Description:
Comments: loan payment of \$23,023.97 should be applied as of 05/21/2012 also

Begin Date: 2012-06-21 Flags: 9990N0
Begin Time: 10:20:24 DTM Job Name:
User Id: JWALDTA DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: JLIFE DTM Next Task:
Type: PRMRSRCH End Date: 2012-06-21
Status: FSPROC End Time: 10:20:38
Queue: FSPROC
User Name: WALDEN, THERESA A
DTM Description:
Comments:

Begin Date: 2012-06-21 Flags:
Begin Time: 10:17:46 DTM Job Name:
User Id: JWALDTA DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: DTM Next Task:
Type: End Date: 2012-06-21
Status: End Time: 10:17:46
Queue:
User Name: WALDEN, THERESA A
DTM Description:
Comments: 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 processing with the remainder of the funds

Begin Date: 2012-06-21 Flags: 4000N0
Begin Time: 10:13:12 DTM Job Name:
User Id: JWALDTA DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: JLIFE DTM Next Task:
Type: PRMRSRCH End Date: 2012-06-21
Status: CREATED End Time: 10:14:02
Queue: FSPROC2
User Name: WALDEN, THERESA A
DTM Description:
Comments:

JCK000397

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

JLIFE - PRMRESRCH - QPASS2 - END - Updateable

1009208 - - BERNSTEIN - SIMON - 19 -

Social Security Num: [REDACTED] Policy Number: 1009208

Agent Number: [REDACTED] Insured's Last Name: BERNSTEIN

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

=====
000=

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

JLIFE - MINPREM - QPASS - END - Updateable
- 1009208 - - BERNSTEIN - SIMON - 19 -
Social Security Num: [REDACTED] Policy Number: 1009208 Insured's Last Name: BERNSTEIN
Agent Number: [REDACTED] Printed on Tuesday, May 07, 2013 at 2:52:00PM

0000=

Type: MINPREM End Date: 2012-07-24
Status: PROCESSED End Time: 13:14:15
Queue: CSQC
User Name: SAH, INDRESH
DTM Description:
Comments:

Begin Date: 2012-07-23 Flags:
Begin Time: 13:59:08 DTM Job Name:
User Id: JRUSSBS DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: DTM Next Task:
Type: End Date: 2012-07-23
Status: End Time: 13:59:08
Queue:
User Name: RUSSWINKEL, BARB S
DTM Description:
Comments: 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) @ 561-988-0833

Begin Date: 2012-07-23 Flags: 9990N0
Begin Time: 13:58:12 DTM Job Name:
User Id: JRUSSBS DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: JLIFE DTM Next Task:
Type: MINPREM End Date: 2012-07-23
Status: ALPHAMATCH End Time: 13:59:11
Queue: CSPROC
User Name: RUSSWINKEL, BARB S
DTM Description:
Comments:

Begin Date: 2012-07-23 Flags: 9990N0
Begin Time: 13:58:09 DTM Job Name:
User Id: JRUSSBS DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: JLIFE DTM Next Task:
Type: PHONE End Date: 2012-07-23
Status: PHONE End Time: 13:58:09
Queue: CSPROC
User Name: RUSSWINKEL, BARB S
DTM Description:
Comments:

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

JLIFE - MINPREM - QPASS - END - Updateable

1009208 - - BERNSTEIN - SIMON - 19 -

Social Security Num: [REDACTED]

Policy Number: 1009208

Agent Number:

Insured's Last Name: BERNSTEIN

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

=====
0000=

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

JCK000402

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

Social Security Num: Policy Number: 1009208
Agent Number: Insured's Last Name: BERNSTEIN
Printed on Tuesday, May 07, 2013 at 2:53:34PM

Begin Date: 2012-09-05 Flags:
Begin Time: 13:43:19 DTM Job Name:
User Id: IYADARK DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: DTM Next Task:
Type: End Date: 2012-09-05
Status: End Time: 13:43:19
Queue:
User Name: YADAV, RAM K
DTM Description:
Comments: High dollar policy processed in good order.

Begin Date: 2012-09-05 Flags:
Begin Time: 13:22:56 DTM Job Name:
User Id: IYADARK DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: DTM Next Task:
Type: End Date: 2012-09-05
Status: End Time: 13:22:56
Queue:
User Name: YADAV, RAM K
DTM Description:
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: 2012-09-05 Flags: 9990N2
Begin Time: 13:10:25 DTM Job Name:
User Id: IYADARK DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: JLIFE DTM Next Task:
Type: LCKBOXERR End Date: 2012-09-05
Status: PROCESSD4 End Time: 13:23:50
Queue: END
User Name: YADAV, RAM K
DTM Description:
Comments:

Begin Date: 2012-09-05 Flags:
Begin Time: 10:46:06 DTM Job Name:
User Id: THUNTER DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: DTM Next Task:
Type: End Date: 2012-09-05
Status: End Time: 10:46:06

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

Social Security Num: Policy Number: 1009208 Insured's Last Name: BERNSTEIN
Agent Number: 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: 2012-09-05 Flags: 9990N0
Begin Time: 10:45:09 DTM Job Name:
User Id: THUNTER DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: JLIFE DTM Next Task:
Type: LCKBOXERR End Date: 2012-09-05
Status: ANSWERED End Time: 10:45:15
Queue: IYADARK
User Name: HUNTER, TAMMY
DTM Description:
Comments:

Begin Date: 2012-09-04 Flags:
Begin Time: 16:03:24 DTM Job Name:
User Id: IYADARK DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: DTM Next Task:
Type: End Date: 2012-09-04
Status: End Time: 16:03:24
Queue:
User Name: YADAV, RAM K
DTM Description:
Comments: 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
first if policy is on GPE. check# 291.
Please suggest.

Begin Date: 2012-09-04 Flags: 9990N0
Begin Time: 15:49:00 DTM Job Name:
User Id: IYADARK DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: JLIFE DTM Next Task:
Type: LCKBOXERR End Date: 2012-09-04
Status: QUESTION End Time: 16:03:44
Queue: QUESTION
User Name: YADAV, RAM K
DTM Description:
Comments:

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

JLIFE - LCKBOXERR - PROCESSD4 - END - Updateable

- 1009208 - - BERNSTEIN - - 19 -

Social Security Num:

Policy Number: 1009208

Agent Number:

Insured's Last Name: BERNSTEIN

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

Begin Date: 2012-09-04 Flags: 4000N0
Begin Time: 07:02:00 DTM Job Name:
User Id: ICHAUSX DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: JLIFE DTM Next Task:
Type: LCKBOXERR End Date: 2012-09-04
Status: ALPHAMATCH End Time: 07:02:02
Queue: ESPROC2
User Name: CHAUHAN, SUNIT X
DTM Description:
Comments:

Begin Date: 2012-09-03 Flags:
Begin Time: 09:30:32 DTM Job Name:
User Id: AWDCYCLE DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: DTM Next Task:
Type: End Date: 2012-09-03
Status: End Time: 09:30:32
Queue:
User Name: Batch Station & User, BATCH
DTM Description:
Comments: ABC Company=08 - ABC Account Number=2412100
Journal Date=8/31/2012 - Suspense Amount=(\$36,000.36)

Begin Date: 2012-09-03 Flags: 8500N0
Begin Time: 09:30:32 DTM Job Name:
User Id: AWDCYCLE DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: JLIFE DTM Next Task:
Type: LCKBOXERR End Date: 2012-09-03
Status: RIPPED End Time: 09:30:32
Queue: INDEX
User Name: Batch Station & User, BATCH
DTM Description:
Comments:

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

JLIFE - FORMS - PROCESSED - END - Updateable

1009208 - - BERNSTEIN - SIMON - 19 -

Social Security Num: [REDACTED] Policy Number: 1009208

Agent Number: [REDACTED] Insured's Last Name: BERNSTEIN

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

=====
000=

Begin Date: 2012-09-05 Flags: 4500N2
Begin Time: 16:01:09 DTM Job Name:
User Id: JROBEJL DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: JLIFE DTM Next Task:
Type: FORMS End Date: 2012-09-05
Status: PROCESSED End Time: 16:01:57
Queue: END
User Name: ROBERTS, JAMIE L
DTM Description:
Comments:

Begin Date: 2012-09-05 Flags:
Begin Time: 16:01:02 DTM Job Name:
User Id: JROBEJL DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: DTM Next Task:
Type: End Date: 2012-09-05
Status: End Time: 16:01:02
Queue:
User Name: ROBERTS, JAMIE L
DTM Description:
Comments: please fax illst request form.

Begin Date: 2012-09-05 Flags: 4500N0
Begin Time: 16:00:39 DTM Job Name:
User Id: JROBEJL DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: JLIFE DTM Next Task:
Type: FORMS End Date: 2012-09-05
Status: ALPHAMATCH End Time: 16:01:27
Queue: CSPROC
User Name: ROBERTS, JAMIE L
DTM Description:
Comments:

Begin Date: 2012-09-05 Flags: 4500N0
Begin Time: 16:00:37 DTM Job Name:
User Id: JROBEJL DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: JLIFE DTM Next Task:
Type: FORMS End Date: 2012-09-05
Status: PHONE End Time: 16:00:37

JCK000406

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

JLIFE - FORMS - 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 2:53:44PM

=====

000=

Queue: CSPROC
User Name: ROBERTS, JAMIE L
DTM Description:
Comments:
