



April 28, 1999

SIMON BERNSTEIN  
7020 LIONS HEAD  
BOCA RATON, FL 33496

Capitol Bankers Life Insurance Company 800-825-0003  
Box 19191  
Greenville, SC 29602-9191 FAX 864-609-4005

RE: Policy #1B09208 - SIMON BERNSTEIN

Dear SIMON BERNSTEIN:

To date we have not received the premium payment of \$17,303.15 which was due Jun 27, 1999, for the insurance policy named above. Since the premium is overdue, the Automatic Premium Loan provision which you elected has gone into effect.

Under the Automatic Premium Loan provision, overdue premiums are paid by a loan taken from the Cash Surrender Value of the policy. The loan which has been taken to pay your premiums consists of the following:

Automatic Premium Loan to pay policy to SEP 27, 1999:	
Net Loan	\$17,303.15
Interest	\$679.99
Gross Loan	\$17,983.14
Other Outstanding Loans	\$18,335.02
Total Loan Balance as of 12/27/99	\$36,318.16

If the loan is not repaid by the next anniversary date, the cash value and face amounts of the policy will be reduced by the amount of the loan. The premium may increase in order to enable the cash value to become equal to the policy's face amount at the policy target age.

We will continue to take loans to pay premiums under this provision until one of the following events occurs:

- You resume regular premium payments.
- The Cash Surrender Value is no longer sufficient to pay premiums.
- We receive a written request from you to discontinue this provision.

Meeting your insurance needs is important to us. For assistance with your coverage, please feel free to contact your Capitol Bankers Life agent or our office at 1-800-825-0003.

CBL Service Center

JCK000501

f

CAPITAL BANKERS LIFE INSURANCE  
300 EAST STATE STREET  
JACKSONVILLE, ILLINOIS 62650

---

FACSIMILE TRANSMITTAL SHEET

---

TO:  
Scott Pruett, Agent

FROM:  
Harriett Markillie/Client Services

COMPANY:

DATE:  
11/15/99

FAX NUMBER:  
312-819-0773

TOTAL NO. OF PAGES INCLUDING COVER:  
3

PHONE NUMBER:  
312-819-7474

SENDER'S REFERENCE NUMBER

RE:  
Simon Bernstein

YOUR REFERENCE NUMBER:  
Policy No. 1009208

URGENT     FOR REVIEW     PLEASE COMMENT     PLEASE REPLY     PLEASE RECYCLE

---

NOTES/COMMENTS:

Please return by mail, as we can not accept faxed signatures.

---

[CLICK HERE AND TYPE RETURN ADDRESS]

JCK000502

**CAPITOL BANKERS  
LIFE INSURANCE COMPANY**

15 November, 1999

Simon Bernstein  
7020 Lions Head  
Boca Raton FL 33496  
Attn Scott Pruett, Agent  
Fax No. 312-819-0773

Re: Policy No.1009208 – Simon Bernstein, Insured

Dear Mr. Bernstein:

Thank you for contacting Capitol Bankers Life Insurance Company. It's a pleasure to be of assistance.

Enclosed is the Change of Beneficiary form as you requested. Please complete this form, being sure to name both primary and contingent beneficiaries, sign in the space provided and return it to our office. *If you are naming a trust as beneficiary, please send us a copy of the trust.*

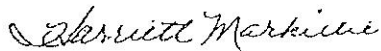
Also enclosed is the transfer of ownership form as you requested. Please complete this form, being sure to have the new owner sign and list his or her social security number where designated, have the current owner sign in the space provided, and return it to our office. *If you are naming a trust as owner, please send a copy of the trust.*

When these forms are received, we will send copies of the change of beneficiary and transfer of ownership forms to be placed with the policy for future reference.

The approximate cash surrender value of the above referenced policy as of 01 November 1999 is \$92,415.25.

If you have questions, please call us at 217-245-9531.

Sincerely,



Harriett Markillie  
Client Services  
Enclosures

300 EAST STATE STREET JACKSONVILLE, IL 62650 PHONE 800-825-0003 FAX 217-245-1922

JCK000503

CAPITOL BANKERS LIFE INSURANCE COMPANY  
300 EAST STATE STREET  
JACKSONVILLE, ILLINOIS 62650-2030

**POLICYOWNER SERVICE REQUEST FORM**

INSURED: Simon Bernstein

POLICY NUMBER: 1009208

**CHANGE OF BENEFICIARY**

I hereby revoke all previous beneficiary designations and change beneficiaries to the following:

**Primary Beneficiary** (Receives benefits upon death of Insured)

Name Mailing Address Social Security No.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Contingent Beneficiary** (Receives benefits if Primary Beneficiary is deceased or disqualified)

Name Mailing Address Social Security No.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

It is understood and agreed that, unless otherwise directed, proceeds will be paid in equal shares to any primary beneficiaries who survive the insured, but if none survives, proceeds will be paid in equal shares to any contingent beneficiary who survives the insured.

Date \_\_\_\_\_ X \_\_\_\_\_  
SIGNATURE OF POLICYOWNER  
X \_\_\_\_\_

**FOR HOME OFFICE USE ONLY**

This change is acknowledged this \_\_\_\_\_ day of \_\_\_\_\_ Year \_\_\_\_\_

*Handwritten initials*



CAPIT BANKERS LIFE INSURANCE COMPANY  
300 EAST STATE STREET  
JACKSONVILLE, ILLINOIS 62650-2030

POLICYOWNER SERVICE REQUEST FORM

INSURED: Simon Bernstein

POLICY NUMBER: 1009208

**CHANGE OF OWNER**

(Beneficiary designation currently in effect is not changed)

I hereby assign and transfer all rights, benefits, options and privileges available under this policy while the Insured is living, including the right to change the beneficiary thereunder, cash surrender the policy or elect non-forfeiture options (if any) to the following named person, who shall be the Owner (Applicant) of the policy. I declare that no proceeding in bankruptcy or insolvency is pending against me.

Primary Owner's Name

Mailing Address

Social Security No.

\_\_\_\_\_  
\_\_\_\_\_

Contingent Owner (Becomes Owner upon death or disqualification of Primary Owner)

Contingent Owner's Name

Mailing Address

Social Security No.

\_\_\_\_\_  
\_\_\_\_\_

Date \_\_\_\_\_

X

\_\_\_\_\_  
SIGNATURE OF CURRENT POLICYOWNER

X

\_\_\_\_\_  
SIGNATURE OF NEW OWNER

FOR HOME OFFICE USE ONLY

This change is acknowledged this \_\_\_\_\_ day of \_\_\_\_\_ Year \_\_\_\_\_

10/27/94



POLI CODE: F CERT # 1009208 R# 01 DATE 01NOV1999 PRINT (S,T,F)  
 CODE: Q=ALL S=SHORT V=CSV A=AGT B=BILL N=N&A F=FIN C=CVRG H=HST P=SPC PRD L=LOAN

POLICY 1009208 NAME SIMON BERNSTEIN GRP STATUS 1  
 \*\*\* BILLING AND CASH VALUE \*\*\*

PAID-TO-DT	MODE-PREM	NET-CSV	LOAN-CSV	LAST-TRAN	LAST-MAINT	IYR
27SEP1999	17303.15	92515.25	82719.72	28APR1999	28APR1999	16

\*\*\* POLICY LOANS \*\*\*

LOAN	BALANCE	INT-R	MAX-R	LOAN-DATE	INT-BILLED	INT-YTD	AVG-BAL	F/V
CASH1	.00	7.407	10.714	12DEC1986	.00	.00	.00	V
CASH2	.00	7.407	10.714		.00	.00	.00	V
APL	36318.16	7.400	10.714	28APR1999	.00	.00	.00	F

\*\*\* SUSPENSE \*\*\*

MISC-SUSP	PREM-SUSP	DIV-SUSP
.00	.00	.00

\*\*\* PREMIUM DEPOSIT FUNDS \*\*\*

BALANCE	INTEREST	INT-R	AVG-BAL
.00	.00	5.000	.00

\*\*\* DIVIDENDS \*\*\*

DV	DIV-DATE	LY	TOT-DECL	DECL-YTD	DIV-DEP	DEP-INT	TOT-PD-UP	CUR-PD-UP
0		03	.00	.00	.00	.00	.00	.00
	YRT	*** ANNUITY ***	CV-10-PCT	SUR-YTD				
	0							

\*\*\* MISCELLANEOUS \*\*\*

DISBURSEMENT	CLAIMS-YTD	CLAIMS-TOT	SURR-ACC	SURR-LOAN	TERM-PUA
.00	.00	.00	.00	24.35	0 Ready

HARRIET MARKILLIE  
 CLIENT SERVICES  
 15 Nov 1999

POLI CODE: V CERT # 1009208 R# 01 DATE 01NOV1999 PRINT (S,T,F)  
 CODE: Q=ALL S=SHORT V=CSV A=AGT B=BILL N=N&A F=FIN C=CVRG H=HST P=SPC PRD L=LOAN

POLICY 1009208 NAME SIMON BERNSTEIN GRP STATUS 1

FACTOR-1	BEG-OF-YR	PREM-FACTOR		
( 1.05912173 * 100394.30 * (1 - 0.75068493 ) ) +				
PREM-FACTOR	FACTOR-2	END-OF-YR		
(0.75068493 * 0.98147612 * 137944.00 ) +				
PREM-FACTOR	CV-FACTOR	DEATH-BENEFIT	QX	INT-RT
((0.75068493 - 0.75068493 ) * 1689069.52 * 0.017710000 / (1 + .06000)) +				
PREM-FACTOR	CV-FACTOR	FE-LOAD	DEATH-BENEFIT	END-OF-YR
((0.75068493 - 0.75068493 ) * 0.0000 * ( 1689069.52 - 137944.00 ) ) =				
CVL-CASH-VAL	OTHER-CV	TOTAL-CV		
128143.91 + 35628.66 - = 92515.25				
NET-LOAN + INTEREST = GROSS-LOAN				
82719.72 1602.97 84322.69				

Ready

POLI CODE: C CERT # 1009208 R# 01 DATE 01NOV1999 PRINT (S,T,F)  
CODE: Q=ALL S=SHORT V=CSV A=AGT B=BILL N=N&A F=FIN C=CVRG H=HST P=SPC PRD L=LOAN

POLICY 1009208 NAME SIMON BERNSTEIN GRP STATUS 1  
R# PLAN RS SM PC S AGE POC ELIM FACE-AMOUNT SUM-INSURED NET-REISSUED LI IN A  
01 CVL00 A N N M 47 1689070.00 1689069.52 -95266.53 1 F 2

R#	ST	ISSUE-DAT	PREM-CHGE	MAT/EXPRY	FLAT-EX	DR	MULT	DR	AD-M	WP-M	RTB
01	1	27DEC1982		27DEC2035	.00	0	.00	0	.00	.00	000

R#	OS	STAT-CHGE	APP-RECVD	INFORCE	LR	NR	DEP	MTH	DYS	MDRT	FYC
01	4	31MAR1986	10JUN1982				0	0	0	0	.00

Ready

HARRIET MARKILLIE  
CLIENT SERVICES  
15 Nov. 1999

POLI CODE: Q CERT # 1009208 R# 01 DATE 01NOV1999 PRINT (S,T,F)  
CODE: Q=ALL S=SHORT V=CSV A=AGT B=BILL N=N&A F=FIN C=CVRG H=HST P=SPC PRD L=LOAN

POLICY 1009208 NAME SIMON BERNSTEIN

\*\*\* POLICY DETAILS \*\*\*

PLAN RS #R APP-RECVD INFORCE POLICY-DT  
CVL00 A 01 10JUN1982 28JAN1983 27DEC1982  
IS RS NF DV L ON BN TL OP QP R2 RI CR RR  
IL FL 4 0 E Y O N Y US L  
DATES: LAST-TRAN LAST-MAINT STAT-CHGE OS  
28APR1999 28APR1999 31MAR1986 4

\*\*\* AGENT INFORMATION \*\*\*

SERVAG AREA SERV-EFF LAST-SERV PREV-AG  
0000735 007

\*\*\* BILLING INFORMATION \*\*\*

BT MD MODE-FACTOR CONST PAID-TO-DT ANNUAL-PREM  
1 03 .2650000 .52 27SEP1999 65292.96

MISC-PAY LOAN-PAY CHRTBL-DON LOAN-INT  
.00 .00 .00

PS58-COST  
8663.14

GRP

STATUS 1

\*\*\* POLICY VALUES \*\*\*

NET-CASH-VALUE LOAN-VALUE  
92515.25 82719.72

\*\*\* NOTIFY INFORMATION \*\*\*

#	NR	NTFY-DATE	DEP	NO	FR
1				00	00
2				00	00
3				00	00
4				00	00

Ready

HARRIET MARKILLIE  
CLIENT SERVICES

15 Nov. 1999

POLI CODE: L CERT # 1009208 R# 01 DATE 01NOV1999 PRINT (S,T,F)  
 CODE: Q=ALL S=SHORT V=CSV A=AGT B=BILL N=N&A F=FIN C=CYRG H=HST P=SPC PRD L=LOAN

\* POLICY 1009208 NAME SIMON BERNSTEIN GRP STATUS 1

EFF-DATE	LOAN	SEQ	TYPE	NET	GROSS	RATE	BALANCE	SYS-DATE
27MAR1989	A	001	LOAN	3161.28-	3349.80-	007.40	6741.49	27MAR1989
27MAY1989	A	001	LOAN	3161.28-	3307.04-	007.40	10048.53	27MAY1989
27JUN1989	A	001	LOAN	3161.28-	3285.51-	007.40	13334.04	27JUN1989
27AUG1989	A	001	LOAN	3161.28-	3243.57-	007.40	16577.61	27AUG1989
27SEP1989	A	001	LOAN	3161.28-	3222.46-	007.40	19800.07	27SEP1989
28FEB1990	A	001	LOAN	3323.84-	3589.46-	007.40	3589.46	05MAR1990
08MAR1990	A	001	LOAN	3323.84-	3542.89-	007.40	3542.89	08MAR1990
27APR1990	A	001	LOAN	3323.84-	3499.13-	007.40	7042.02	30MAY1990
27MAY1990	A	001	LOAN	3323.84-	3477.09-	007.40	10519.11	02JUL1990
27JUN1990	A	001	LOAN	3323.84-	3454.46-	007.40	13973.57	01AUG1990
27AUG1990	A	001	LOAN	3323.84-	3410.36-	007.40	17383.93	10AUG1990
27NOV1990	A	001	LOAN	3323.84-	3344.91-	007.40	20728.84	02JAN1991
27DEC1990	A	001	W/OFF	20728.84	20728.84	007.40	0.00	02JAN1991
27DEC1990	A	002	LOAN	3494.02-	3773.24-	007.40	3773.24	04FEB1991
27FEB1991	A	001	LOAN	3494.02-	3724.28-	007.40	7497.52	06MAY1991
27MAY1991	A	001	LOAN	3494.02-	3655.12-	007.40	11152.64	01JUL1991

LOAN1 CURR: 0.00 LOAN2 CURR: 0.00 APL CURR: 35628.66  
 PUT IN NEW DATE TO SEE MORE LOAN INFORMATION

Ready

HARRIET MARKILLIE  
 CLIENT SERVICES

15 NOV 1990

F

**CAPITOL BANKERS  
LIFE INSURANCE COMPANY**

Call from: Simon Berstein Policy No. 1009208  
Policy Owner: Simon Berstein Policy No. \_\_\_\_\_  
Insured: § Policy No. \_\_\_\_\_  
Address: 7020 Lorio Head Policy No. \_\_\_\_\_  
Boca Raton FL 33496 Policy No. \_\_\_\_\_  
Phone No.: \_\_\_\_\_ FAX No. \_\_\_\_\_

Message: Rec'd Lapsed Notice. Mailed in Prem Payment  
Sent in press and has cleared the Bank, Oct 27, 1999  
Check No. 133 drawn on Bank of America. Advise the bank check  
to make sure it has been applied after conversion and to give Lapsed Notice  
Check Amount is: \$17,303.15. ✓ Applied AG-OF. 10/25/99

BCSI  
\* OL 2416300 Policy No. Amount is on ABC Ledger  
See Attached.

12/8/99 Premium Applied upon Conversion, See attached Series

HARRIET MARKILLIE  
By: \_\_\_\_\_ CLIENT SERVICES  
Date: 04 Nov. 1999



,1009208 ; AS-OF 12/09/99;. BERNSTEIN, SIMON  
 FINANCIAL ACTIVITY FROM 01/94

M-47 12/03/35

TRANSACTION	CPH	FUN	AS-OF	GROSS	NET	CIR/UV	GEN	VPH
CHRG DEDUCT	01	FIXED1	11/27/99	2,332.81	2,332.81		A	01H
CHRG DEDUCT	01	FIXED1	10/27/99	2,330.24	2,330.24		A	01H
REG PRM	F	01	FIXED1 10/25/99	17,303.15	15,053.74			00I
CHRG DEDUCT	01	FIXED1	09/27/99	2,327.69	2,327.69		A	01H
CHRG DEDUCT	01	FIXED1	08/27/99	2,325.16	2,325.16		A	01H
CHRG DEDUCT	01	FIXED1	07/27/99	2,322.64	2,322.64		A	01H
REG PRM	F	01	FIXED1 06/27/99	17,303.15	15,053.74	6.000	AC	01H
CHRG DEDUCT	01	FIXED1	06/27/99	2,320.14	2,320.14		A	01H
CHRG DEDUCT	01	FIXED1	05/27/99	2,339.99	2,339.99		A	01H
CHRG DEDUCT	01	FIXED1	04/27/99	2,337.38	2,337.38		A	01H
REG PRM	F	01	FIXED1 03/27/99	17,303.15	15,053.74	6.000	AC	01H
CHRG DEDUCT	01	FIXED1	03/27/99	2,334.79	2,334.79		A	01H
CHRG DEDUCT	01	FIXED1	02/27/99	2,354.54	2,354.54		A	01H
CHRG DEDUCT	01	FIXED1	01/27/99	2,351.84	2,351.84		A	01H
REG PRM	F	01	FIXED1 12/27/98	17,303.15	15,053.74	6.000	AC	01H
ISS ROLLOVER	F	01	FIXED1 12/27/98	100,394.30	100,394.30	6.000	AC	01H
CHRG DEDUCT	01	FIXED1	12/27/98	2,349.15	2,349.15		A	01H

AP0010 - REQUESTED TRANSACTION SUCCESSFULLY COMPLETED

12/09/99 L680  
 CICSPJAX19

HARRIET MARKILLIE  
 CLIENT SERVICES  
 12/8/99

POLI CODE: N CERT # 1009208 R# 01 DATE 15JUN1992 PRINT (S,T,F)  
CODE: Q=ALL S=SHORT V=CSV A=AGT B=BILL N=N&A F=FIN C=CVRG H=HST P=SPC PRD L=LOAN

POLICY 1009208 NAME SIMON BERNSTEIN

GRP STATUS 1

INSURED R# L# NAME

AA BIRTH-DTE S S.S.N.

1009208 01 1 SIMON BERNSTEIN

03DEC1935 M

TYPE NAME

HIRED-DTE

OWNER SIMON BERNSTEIN

MAIL SIMON BERNSTEIN

7020 LIONS HEAD

BOCA RATON

FL33496

BENEFICIARY SIMON BERNSTEIN

TYPE: O

PRIMARY-LASALLE NATIONAL TRUST,N.A.

TRUSTEE

CONTINGENT-SIMON BERNSTEIN INS.

TRUST DATED 6/21/95.

Ready

GCSI

CYCLING SUSPENSE INQUIRY

*Simon Bernstein*

COMPANY SUSPENSE ACCT SUSPENSE CODE  
*QB* 2416300 1009208

CURR

*Place w/ file*

ID	DATE	DESCRIPTION	ORIG ACCT
CB102505	102599	1009208	2416300
***** BALANCE *****			

AMOUNT	D/C	TX	STATE	POST
000001730315	C			1099
000001730315	C			

*Amount is in ABC Ledger*

END OF FORWARD BROWSE

CLEAR = LOGOFF ; PF3 = RETURN TO MENU ; PF7 = BACKWARD ; PF8 = FORWARD

HARRIET MARKILLIE  
CLIENT SERVICES

*18 Nov. 1999*

New List.

17 Nov. 1955

Christi - A New ABC Ledger Check List

- ✓ OK (D) 1609208 - Simon Bernstein \$17,303.15 <sup>cont is IN ABC Ldg</sup>
- Not in - (D) 1020718 - Douglas M. Tanaka \* 472.73
- Not in - (D) 1050252 - James Allman 41343.50
- OK (A) 1027652 - Elsie Harris \$1366.25 - Amt is IN ABC Ledger
- Not in - <sup>Nov 16</sup> (D) 1058219 - John W. Matheny \* ? (what of any)

Yesterday I requested - 1050337 - Richard Wehe Nov. 6

- Enclosed check No. 1846 - 835.08

1863 193.11 - Not in ABC

1864 641.97 Not in ABC

I really need the answer to this one  
on Thursday A.M. if possible.

The others - when you can.

Many Thanks - Christi



Capitol Bankers Life

*e. 6200*

Capitol Bankers Life  
P O Box 1147  
Jacksonville, IL 62651-1147

800-825-0003  
FAX 217-245-1922

POLICY NO.		INSURED NAME	
1009208		SIMON BERNSTEIN	
ISSUE DATE	DATE DUE	AMOUNT	
27DEC1982	27SEP1999	17,303.15 <i>17,303.15</i>	<i>10/25/99</i>

*paid 12/9/99*  
*no op*

THIS POLICY HAS LAPSED UNLESS CONTINUED IN FORCE BY A NON-FORFEITURE OPTION. WE WILL ACCEPT REINSTATEMENT WITHOUT EVIDENCE OF INSURABILITY IF PAYMENT IS RECEIVED BY 28NOV1999.

*I sent a check on 10/19/99 for 17,303.15 - Check # 133 - Bank of America Bank*

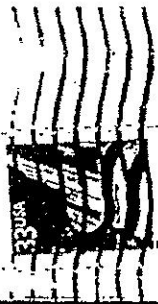
*Please Check + let me know*

— PLEASE RETAIN THIS COPY FOR YOUR RECORDS —

PA-89001

5/93

Address: Jacksonville, FL  
P.O. Box 1147  
Jacksonville, FL 32202



POLICYHOLDER SERVICES  
P.O. BOX 1147  
JACKSONVILLE IL 62651-1147

62651-1147



**CAPITOL BANKERS  
LIFE INSURANCE COMPANY**

April 28, 1999

*file*

Simon Bernstein  
7020 Lions Head  
Boca Raton FL 33496

Re: Policy No. 1009208

Dear Mr. Bernstein:

Following your request we have applied the Nonforfeiture Option of Automatic Premium Loan to cover the semi-annual premium amount due on the policy to keep it in force. For an explanation of this option, please refer to the "Nonforfeiture Option" in your policy.

A loan was created for an amount of \$34,506.03. The total loan on your policy is \$36,318.16.

This APL was the semi-annual premium only. If you wish to APL the next premium due on 27 September 1999, we will need a written request from you to do so.

If you do not wish this loan to be on your policy and accrue interest, you may send us your premium payments within 10 days to avoid an interest charge.

If you elect to retain the payment of your premium by Automatic Premium Loan, we will bill for loan interest once a year. You are under no obligation to pay the interest at that time. The loan interest will be automatically added to the loan amount which reduces the cash value available to you and the death benefit payable to your beneficiary.

Alternative options may be available. For additional information, please contact our Customer Service Department at 800/825-0003.

Sincerely,

Brenda Piper  
Client Services

300 EAST STATE STREET JACKSONVILLE, FL 32202 PHONE 800-825-0003 FAX 217-245-1922

*Harper*

JCK000519





BPAY : TURNAROUND: 00000

M P = REG PYMNT L = LOAN M = APL R = REVERSAL F = ENTRY ONLY  
A = AUTO METHODS (2, 6, 7, 8) D = PAID-UP ANNIV PROCESS  
ISL ONLY: F = PAY PREM FROM FUND G = REVERSE PREM TO FUND

YES

1009208 CERT NO.

Ready

PPAY : TURNAROUND: 00000

M P REG PYMNT L = LOAN M = APL R = REVERSAL = ENTRY ONLY

A = AUTO METHODS (2, 8) D= PAID-UP ANNIV PROCESS

ISL ONLY: F = PAY PREM FROM FUND G = REVERSE PREM TO FUND

NEW PAID-TO-DATE

27JUN1999 1009208

Ready

TRIN :      TERMINAL ID TL36      DATE

TIME 110102      SEQ 000      INITIALS KMB

110029 02 PPAY KMB 77 32002 99US  
03 PPAY KMB 88 0000000 7  
04 PPAY KMB 88 0000000 8  
05 PPAY KMB 88 0000000 8  
06 PPAY KMB 77 11700 99US  
07 PPAY KMB 77 11700 99US  
08 PPAY KMB 77 77001 99US

IL FL      PREM ACCT - CVL MIN      17303.15-  
.00 1.0000 100.00      .000000      17303.15  
.00 1.0000 100.00      .000000      .00  
.00 1.0000 100.00      .000000      .00  
APL ACCT - PRINCIPL      17303.15  
APL ACCT - PRINCIPL      1031.87  
APL ACCT - INTEREST      1031.87-

END OF TRANSACTION

Ready

POLI CODE: L CERT # 1001208 R# 01 DATE 28APR1118 PRINT (S,T,F)  
CODE: Q=ALL S=SHORT V=CSV A=AGT B=BILL N=N&A F=FIN C=CVRG H=HST P=SPC PRD L=LOAN

POLICY 1001208 NAME SIMON BERNSTEIN GRP STATUS 1

LOAN1 CURR:	0.00	LOAN2 CURR:	0.00	APL CURR:	34506.03			
EFF-DATE	LOAN	SEQ	TYPE	NET	GROSS	RATE	BALANCE	SYS-DATE
27DEC1118	A	001	W/OFF	16703.16	16703.16	007.40	0.00	28DEC1118
27MAR1111	A	001	LOAN	17303.15-	18335.02-	007.40	18335.02	28APR1111
27JUN1111	A	001	LOAN	17303.15-	17183.14-	007.40	36318.16	28APR1111

Ready

TRIN            TERMINAL ID TL38    DATE 110428    TIME                    SEQ 000    INITIALS BSP

114045	02	PPAY	BSP	77	32002	11US	IL FL	PREM ACCT - CVL MIN	17303.15-
	03	PPAY	BSP	88	0000000	7	.00	1.0000 100.00 .00000	17303.15
	04	PPAY	BSP	88	0000000	8	.00	1.0000 100.00 .00000	.00
	05	PPAY	BSP	88	0000000	8	.00	1.0000 100.00 .00000	.00
	06	PPAY	BSP	77	11700	11US		APL ACCT - PRINCIPL	17303.15
	07	PPAY	BSP	77	11700	11US		APL ACCT - PRINCIPL	671.11
	08	PPAY	BSP	77	77001	11US		APL ACCT - INTEREST	671.11-

END OF TRANSACTION

Ready

PPAY TURNAROUND: 00000

M P = REG PYMNT L = LEAN M = APL R = REVERSAL = ENTRY ONLY

A = AUTO METHODS (2, 7, 8) D = PAID-UP ANNIV PROCESS

ISL ONLY: F = PAY PREM FROM FUND G = REVERSE PREM TO FUND

NEW PAID-TO-DATE

27SEP1111 1001208

Ready

POLI CODE: V CERT # 1001208 R# 01 DATE 28APR1111 PRINT (S,T,F)  
CODE: Q=ALL S=SHORT V=CVY A=AGT B=BILL N=N&A F=FIN =CVRG H=HST P=SPC PRD L=LOAN

POLICY 1001208 NAME SIMON BERNSTEIN GRP STATUS 1

FACTOR-1 BEG-OF-YR PREM-FACTOR  
( 1.02612817 \* 100314.30 \* (1 - 0.41863014 )) +  
PREM-FACTOR FACTOR-2 END-OF-YR  
(0.41863014 \* 0.15010210 \* 137144.00 ) +  
PREM-FACTOR CV-FACTOR DEATH-BENEFIT QX INT-RT  
((0.41863014 - 0.33424658 ) \* 1681061.52 \* 0.017710000 / (1 + .06000)) +  
PREM-FACTOR CV-FACTOR FE-LOAD DEATH-BENEFIT END-OF-YR  
((0.41863014 - 0.33424658 ) \* 0.0000 \* ( 1681061.52 - 137144.00 )) =

CVL-CASH-VAL OTHER-CV TOTAL-CV  
121614.74 + 17420.18 = 104274.56  
NET-LOAN + INTEREST = GROSS-LOAN  
80756.80 4245.88 85002.68

Ready

POLI CODE: L CERT # 1001208 R# 01 DATE 28APR1111 PRINT (S,T,F)  
 CODE: Q=ALL S=SHORT V=C A=AGT B=BILL N=N&A F=FIN =CVRG H=HST P=SPC PRD L=LOAN

POLICY 1001208 NAME SIMON BERNSTEIN GRP STATUS 1

LOAN1 CURR:	0.00	LOAN2 CURR:	0.00	APL CURR:	17420.18			
EFF-DATE	LOAN	SEQ	TYPE	NET	GROSS	RATE	BALANCE	SYS-DATE
27MAR1181	A	001	LOAN	3161.28-	3341.80-	007.40	6741.41	27MAR1181
27MAY1181	A	001	LOAN	3161.28-	3307.04-	007.40	10048.53	27MAY1181
27JUN1181	A	001	LOAN	3161.28-	3285.51-	007.40	13334.04	27JUN1181
27AUG1181	A	001	LOAN	3161.28-	3243.57-	007.40	16577.61	27AUG1181
27SEP1181	A	001	LOAN	3161.28-	3222.46-	007.40	11800.07	27SEP1181
28FEB1110	A	001	LOAN	3323.84-	3581.46-	007.40	3581.46	05MAR1110
08MAR1110	A	001	LOAN	3323.84-	3542.81-	007.40	3542.81	08MAR1110
27APR1110	A	001	LOAN	3323.84-	3411.13-	007.40	7042.02	30MAY1110
27MAY1110	A	001	LOAN	3323.84-	3477.01-	007.40	10511.11	02JUL1110
27JUN1110	A	001	LOAN	3323.84-	3454.46-	007.40	13173.57	01AUG1110
27AUG1110	A	001	LOAN	3323.84-	3410.36-	007.40	17383.13	10AUG1110
27NOV1110	A	001	LOAN	3323.84-	3344.11-	007.40	20728.84	02JAN1111
27DEC1110	A	001	W/OFF	20728.84	20728.84	007.40	0.00	02JAN1111
				8618.13				

Wait



POLI CODE: Q CERT # 1001208 R# 01 DATE 28APR1111 PRINT (S,T,F)  
 CODE: Q=ALL S=SHORT V=COY A=AGT B=BILL N=N&A F=FIN =CVRG H=HST P=SPC PRD L=LOAN

POLICY 1001208 NAME SIMON BERNSTEIN GRP STATUS 1

\*\*\* POLICY DETAILS \*\*\*  
 PLAN RS #R APP-RECVD INFORCE POLICY-DT  
 CVL00 A 01 10JUN1182 28JAN1183 27DEC1182  
 IS RS NF DV L ON BN TL OP QP R2 RI CR RR  
 IL FL 4 0 E Y O N Y US  
 DATES: LAST-TRAN LAST-MAINT STAT-CHGE OS  
 28APR1111 28APR1111 31MAR1186 4

\*\*\* POLICY VALUES \*\*\*  
 NET-CASH-VALUE LOAN-VALUE  
 104274.56 80756.80  
 \*\*\* NOTIFY INFORMATION \*\*\*  
 # NR NTFY-DATE DEP NO FR  
 1 00 00  
 2 00 00  
 3 00 00  
 4 00 00

\*\*\* AGENT INFORMATION \*\*\*  
 SERVAG AREA SERV-EFF LAST-SERV PREV-AG  
 0000735 007

\*\*\* BILLING INFORMATION \*\*\*  
 BT MD MODE-FACTOR CONST PAID-TO-DT ANNUAL-PREM MODE-PREM AMT-BILLED  
 1 03 .2650000 .52 27JUN1111 65212.16 17303.15 .00  
 MISC-PAY LOAN-PAY CHRTBL-DON LOAN-INT APL-INT L-MODE-PREM  
 .00 .00 .00 1031.87 17303.15  
 PS58-COST  
 8618.13

Ready

TELEPHONE MESSAGE - MEMO FOR FILE

work drawer

L   
ULO   
ANN

CALL from: MR. Bernstein

to: \_\_\_\_\_ Case Number \_\_\_\_\_

Insured Name \_\_\_\_\_ Policy Number 1009208

\_\_\_\_\_ Policy Number \_\_\_\_\_

Address \_\_\_\_\_ Policy Number \_\_\_\_\_

\_\_\_\_\_ Policy Number \_\_\_\_\_

SS# \_\_\_\_\_

Telephone Number (561) 477-9096

Message: Wants pay next 6 months w/Apl. - call back if not an option.

Policy All'd on 4/28/99. BSP  
See correspondence in file.

By B. Piper

Date 4/19/99

# ANNUAL REPORT ON YOUR POLICY

*cc from  
4/25*

Policyowner:

Insured:  
Policy No.:  
Plan:  
Premium Mode:  
Each Payment:

SIMON BERNSTEIN  
1009208  
CURRENT VALUE LIFE  
QUARTERLY  
\$17,922.22

SIMON BERNSTEIN  
7020 LIONS HEAD  
BOCA RATON FL 33496

## STATEMENT OF POLICY COSTS AND BENEFITS FOR CURRENT YEAR AND NEXT YEAR

	Current Policy Year Ending DEC 27, 1999	Next Policy Year Ending DEC 27, 2000
CURRENT RATE BASIS INTEREST	6.00%	6.00%
SUM INSURED	\$1,689,070.00	\$1,652,751.00
POLICY PREMIUMS: BASE POLICY RIDERS	\$69,212.64 \$0.00	\$71,688.88 \$0.00
CASH VALUE: INCREASE TOTAL	\$1,231.54 \$101,625.84	\$37,963.16 \$139,589.00
POLICY LOANS	\$36,318.16	\$0.00

The figures shown above assume (a) that all premiums are paid when due; (b) that there are no policy loan transactions (except as shown); and (c) that the Renewal Option is not changed.

Your minimum level renewal premium for the next policy year under our Current Rate Basis (Option A) is \$17922.22. You may change your Renewal Option to pay a higher premium under the Guaranteed Rate Basis (Option B) of \$25868.04, and build higher cash value. These premium amounts are based on your current premium mode.

If you have any questions concerning your policy or your Annual Report, please call us at the toll-free number listed below, or contact your agent.

0000735



Capitol Bankers Life

Capitol Bankers Life  
PO Box 1147  
Jacksonville, FL 32251-1147  
800 825-0003 • FAX: 217-245 1922

JCK000531

ANNUAL REPORT ON CURRENT VALUE LIFE POLICY # 1009208  
 FROM CAPITOL BANKERS LIFE INSURANCE COMPANY

RENEWAL DATE: DEC 27, 1999

INSURED:  
 POLICY OWNER:  
 SIMON BERNSTEIN  
 SIMON BERNSTEIN  
 7020 LIONS HEAD  
 BOCA RATON FL 33496

AGI NUM: 0000735  
 AGENT : CAPITOL BANKERS LIFE INSURANCE C  
 BOX 19191  
 GREENVILLE SC 29602  
 PHONE : 800-825-0003  
 PREMIUM PAYMENT MODE: QUARTERLY  
 EACH PAYMENT: \$17,922.22

STATEMENT OF POLICY COSTS AND BENEFITS FOR CURRENT YEAR AND NEXT YEAR  
 (THERE IS NO CHANGE IN THE CURRENT RATE BASIS IN THE NEXT YEAR.)

	CURRENT STATUS FOR YEAR ENDING DEC 27, 1999	GUARANTEED FOR YEAR ENDING DEC 27, 2000
CURRENT RATE BASIS INTEREST	6.00%	6.00%
SUM INSURED	\$1,689,070	\$1,652,751
CASH VALUE - START OF YEAR	\$100,394.30	\$101,625.84
ADD: TOTAL PREMIUMS FOR YEAR	\$69,212.64	\$71,688.88
DEDUCT: INTEREST CREDIT	\$ 9,446.73	\$ 9,653.82
MORTALITY CHARGE	\$27,554.08	\$29,403.43
EXPENSE CHARGE	\$13,355.59	\$13,976.09
POLICY LOAN	\$36,318.16	0.00
NET CASH VALUE - END OF YEAR	\$101,625.84	\$139,589.00
ANNUAL PREMIUM FOR THIS YEAR FOR YOUR RENEWAL OPTION:	\$67,629.03	\$67,629.03
LEVEL ANNUAL WHOLE LIFE PREMIUMS FOR SUM INSURED OF \$1,652,751:		
OPTION A - CURRENT RATE BASIS	\$67,629.03	
OPTION B - GUARANTEED RATE BASIS	\$97,613.25	

THE FIGURES SHOWN ABOVE ASSUME (A) THAT ALL PREMIUMS ARE PAID WHEN DUE, (B) THAT THERE ARE NO POLICY LOAN TRANSACTIONS (EXCEPT AS SHOWN), AND (C) THAT THE RENEWAL OPTION IS NOT CHANGED. YOU MAY CHANGE THE RENEWAL OPTION FOR NEXT YEAR IF YOU NOTIFY US BEFORE JAN 27, 2000. CONTACT YOUR AGENT AT THE ADDRESS SHOWN ABOVE IF YOU HAVE ANY QUESTION OR WOULD LIKE AN ILLUSTRATION OF FUTURE BENEFITS AND COSTS UNDER ANY RENEWAL OPTION. IF THE MINIMUM REQUIRED PREMIUM FOR THE RATE BASIS IN EFFECT ON ANY RENEWAL DATE IS NOT PAID, THE POLICY WILL LAPSE.

INSURED: SIMON BERNSTEIN  
AGE 47 SEX M  
POLICY DATE: DEC 27, 1982

CURRENT VALUE LIFE  
POLICY RENEWAL COMMISSION REPORT

POLICY NUMBER: 1009208  
PROCESS DATE: OCT 20, 1999  
RATING: STANDARD

	PREMIUM	PCT RATE	GEN. AGENT COMMISSION
BASIC PREMIUM	67529.03	4.00	2705.16
RISK INCREASE PREMIUM	0.00	60.00	0.00
FLAT EXTRA CHARGE	0.00	0.00	0.00
EXCESS & POUR-IN	0.00	4.00	0.00
TOTAL	67529.03		2705.16

CURRENT VALUE LIFE

ILLUSTRATION NO. OP-11004

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

SIMON BERNSTEIN  
MALE AGE 47 NONSMOKER  
INITIAL DEATH BENEFIT: \$1652751  
CASH VALUE OBJECTIVE: WHOLE LIFE, MINIMUM PREMIUMS

TARGET BASIS: CURRENT  
EXTRA VALUES INCREASE CASH VALUES  
DEFRA COMPLIANCE W/O ENDORSEMENT

SUMMARY OF END OF YEAR VALUES

POL YR	ATT AGE	CURRENT VALUES (IF CURRENT BASIS CONTINUES)			GUARANTEED VALUES (GUARANTEED BASIS AFTER YEAR18)					
		SUM INSURED	ANNUAL PREMIUM	CASH VAL INCREASE	SUM INSURED	ANNUAL PREMIUM	CASH VAL INCREASE			
77	77	16522751	67629.03	38819	611403	30	1652751	101039.74	42513	689091
60	60	0	0.00	0	0	18	1652751	67629.03	37963	139589
65	65	16522751	67629.03	37963	139589	23	1652751	101039.74	46766	381117
70	70	16522751	67629.03	39403	333506	28	1652751	101039.74	43249	603524
75	75	16522751	67629.03	39754	533209					

THE VALUES SHOWN IN THIS PROPOSAL ARE FOR ILLUSTRATION PURPOSES ONLY AND WILL APPLY ONLY IF A POLICY CONTAINING THE GUARANTEED VALUES IS ISSUED. ACTUAL VALUES AFTER THE FIRST POLICY YEAR WILL DEPEND ON YOUR RENEWAL OPTION, AND ANY CHANGES IN THE CURRENT RATE BASIS.

SURRENDER COST INDEX  
NET PAYMENT INDEX  
AN EXPLANATION OF THE INTENDED USE OF THESE INDICES IS PROVIDED IN THE LIFE INSURANCE BUYER'S GUIDE.

CURRENT BASIS CONTINUES 10 YEARS	38.26	38.26
GUARANTEED BASIS AFTER YEAR17 10 YEARS	35.71	52.61
GUARANTEED BASIS AFTER YEAR17 20 YEARS	39.20	56.45
GUARANTEED BASIS AFTER YEAR18 10 YEARS	53.91	53.91
GUARANTEED BASIS AFTER YEAR18 20 YEARS	53.91	53.91

A CURRENT RATE BASIS IS GUARANTEED IN ADVANCE FOR EACH POLICY YEAR. IT MAY CHANGE AT THE START OF ANY POLICY YEAR. THE CURRENT RATES REFLECT 6.00% INTEREST, SELECT MORTALITY, AND CURRENT ADMINISTRATIVE EXPENSES. GUARANTEED RATES ARE BASED ON 4.50% INTEREST, 1958 C.S.O. MORTALITY, AND THE EXPENSE CHARGE FACTOR STATED IN THE POLICY. THE POLICY LOAN INTEREST RATE IS 7.40%, PAID IN ADVANCE.

IF THE MINIMUM REQUIRED PREMIUM FOR THE RATE BASIS IN EFFECT ON ANY RENEWAL DATE IS NOT PAID, THE POLICY WILL LAPSE.

PRESENTED BY: CAPITOL BANKERS LIFE INSURANCE C REPRESENTING: CAPITOL BANKERS LIFE INSURANCE CO.  
 BOX 19191 P.O. BOX 2016  
 GREENVILLE, SC 29602 205 E. WISCONSIN AVE.  
 800-825-0063 HILWAUKEE, WISCONSIN 53201

CURRENT VALUE LIFE ALWAYS FAIR CURRENT VALUE YEAR BY YEAR, ALWAYS LOOKING FORWARD

OCTOBER 20, 1999

1009208

CURRENT VALUE LIFE

ILLUSTRATION NO. OP-11004

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

TABLE OF END OF YEAR VALUES

(IF CURRENT BASIS CONTINUES)				(GUARANTEED VALUES AFTER YEAR 18)						
POL YR	ATT AGE	SUM INSURED	ANNUAL PREMIUM	CASH VAL INCREASE	CASH VALUE	POL YR	SUM INSURED	ANNUAL PREMIUM	CASH VAL INCREASE	CASH VALUE
17	64	1689070	65292.96	1232	101626	17	1689070	65292.96	1232	101626
18	65	1652751	67629.03	37963	139589	18	1652751	67629.03	37963	139589
19	66	1652751	67629.03	38359	177948	19	1652751	67629.03	49531	189120
20	67	1652751	67629.03	38516	216464	20	1652751	67629.03	49089	238208
21	68	1652751	67629.03	38707	255171	21	1652751	67629.03	48473	286682
22	69	1652751	67629.03	38933	294104	22	1652751	67629.03	47669	334351
23	70	1652751	67629.03	39403	333506	23	1652751	67629.03	46766	381117
24	71	1652751	67629.03	39941	373447	24	1652751	67629.03	45837	428954
30	77	1652751	67629.03	38819	6111403	30	1652751	67629.03	42513	689091
35	82	1652751	67629.03	34996	793540	35	1652751	67629.03	36210	884550
40	87	1652751	67629.03	30170	956541	40	1652751	67629.03	30960	1047938
45	92	1652751	67629.03	29890	1093154	45	1652751	67629.03	21650	1202159
50	97	1652751	67629.03	6182	1315183	50	1652751	67629.03	46911	1394489
55	100	1652751	67629.03	151265	1652752	55	1653076	67629.03	157041	1653076

R9841V5726T000Y0F000000/00 CVL

OCTOBER 20, 1999

PAGE 2 OF 2

DOCUMENTARY LISTING for LEDGER #11004, stored for user JEANNIE.L

RUN COMPLETION DATE: OCT 20, 1999 at 21:49 PM. STATUS: USED L

AGENT NUMBER: 0000735 AGENT NAME: CAPITOL BANKERS LIFE INSURANCE C

PRODUCT: Standard CVL Life, Pricing Basis: Standard. # of Lives: 1, State Code: IL

DEFRA Endorsement: 0, Simon Bernstein

Age: 47 Sex: M Smoker: N Table Rating: 0.0

Maximum Policy Attained Age: 100 (53 policy years).

FLAT EXTRA CHARGES: None Specified.

BASIC BENEFIT AMOUNT: \$2,000,000.00 Level in All Years.

BASIC PREMIUM AMOUNT: To be Computed. Level in All Years.

PLAN OPTIONS SELECTED: None. TARGET RATE BASIS: Current Basis: INTERMED. INTEREST: None

CASH VALUE OBJECTIVE: Increase Cash Values.

EXTRA VALUE: Increase Cash Values.



INFORCE Information for Policy #10092208  
 Policy Date: 12/27/82 Issue Date: 12/27/82  
 Premium Mode: QUARTERLY Owners Name: SIMON BERNSTEIN  
 Address: 7020 LIONS HEAD City: BOCA RATON  
 Years in Force: 18  
 Product: CVL  
 FL33496

Ledger Data Stored Under User: JEANNIE L  
 Ledger Check Data: (MUST Match Data Found on this Ledger Record)  
 Primary Insured: Age 47 Sex M, Smoker N State IL Subs. Rtg. 0.0, Defra: 0  
 Flat Extra: None Specified Name: SIMON BERNSTEIN  
 Ledger Record # 11004  
 V5726

M.P. Rider: Not Selected.  
 ADB Rider: Not Selected.  
 Spouse Rider: Not Selected.  
 Children's Rider: Not Selected.

Values Computed for Current Year and Saved for Next Renewal:  
 Basic Benefit: \$1,652,751 Basic Premium: \$67,629.03  
 Init. Cash Value: \$101,625.84 Basic Cash Value: \$139,589.00  
 Pour-In Premiums: \$798,485.60 (Through Current Year)  
 Total of Premiums: \$798,485.60

Values Computed as Projected Values at End of Next Year:  
 Total Sum Insured: \$1,652,751 Total Premium: \$67,629.03  
 Total Cash Value: \$177,947.80 Scheduled Payout: \$629.00

Rating Basis Code: 9841 Interest: 6.00% Current Mortality Table #: S3531  
 Guaranteed Mortality: U1001 Interest: 4.50% Extra Mortality Table #: X2001  
 Basic Premium: 12.1000 per \$1000 (plus 35.00 Policy Fee)  
 FIXED Expense Factors: K1: 0.400, K2: 0.880, K3: 0.925, K4: 0.600  
 VARIABLE Expense Factors, as of the END of this year: K5: 0.849, K6: 1.921, K7: 1.902  
 Minimum Basic Premium (Ft): 67629.029830 Net-Gross: K8: 0.847, K9: 2.242, K10: 2.130  
 Second Level Breakpt. (Gt): 100380.014461 Net-Gross: K11: 0.847, K12: 2.242, K13: 2.130  
 Maximum Expense Allowance: 1853.360395 (Limits Fee (Kr - Ks) Amt.)

Actuarial Values from Original Basis used to determine expense adjustments:  
 Mortality Cost per \$1000 First Year (ax): 1.3968000  
 Paid-Up Cash Value per \$1000 End 1st Yr. (ax): 89.4624635  
 Discounted Value, Life Annuity of \$1.00 (ax): 9.18815150

Actuarial Values from Current Basis appropriate for the Current Year:  
 Mortality Cost per \$1000 During Year (ax): 19.3700000  
 Paid-Up Cash Value per \$1000 End Year (ax): 433.7696284  
 Discounted Value, Life Annuity of \$1.00 (ax): 10.00340323

Values Computed for Current Year to Define Target Objective:  
 Target Cash Value: 139588.9967 Tgt. Net Premium: 57712.7936  
 Extra Value Amount: 0.00 Added Benefit Amount: -347248.64



Capitol Bankers Life

Capitol Bankers Life Insurance Company  
Box 19151  
Greenville, South Carolina 29602-9191  
803-322-3142 • 800-825-0003 • FAX: 803-292-4005

JUL 20 1998

APPLICATION FOR CHANGE OR REINSTATEMENT OF COVERAGE

Policy Number 1009208

Insured Name Simon L. BERNSTEIN

Owner Name Shirley BERNSTEIN

1. Reinstate Policy

Reinstate policy, effective     /    /      
*Complete Health Statement on reverse side.*

2. Change Face Amount

Increase\*  Decrease  
From \$ 2 million To \$ 3 million  
*\*Complete Health Statement on reverse side.*

3. Change Premium

Increase  Decrease  
From \$      per       
To \$      per     

4. Add Benefits to Policy

*Complete Health Statement on reverse side.*

- Accidental Death Benefit \$
- Additional Insurance Rider \$
- Living Benefits Rider—*Do not complete Health Statement.*
- Premium Credit Rider
- Waiver of Monthly Deduction
- Waiver of Premium
- Other Insured Rider \$

Name      D.O.B.     /    /    

Sex:  M  F Height      Weight     

State of Birth      Relationship     

Primary Beneficiary     

Relationship to Other Insured     

Contingent Beneficiary     

Relationship to Other Insured     

Spouse Ins. Rider (see below also) \$     

Children's Ins. Rider (see below also) \$     

Names of Spouse/Children to be covered by rider(s)	Date of Birth	Sex	Hgt.	Wgt.

5. Change Death Benefit Option

- Change from A to B—*Complete Health Statement.*
- Change from B to A

6. Change Smoker Status

- Complete Health Statement on reverse side.*
- Change rates from Smoker to Nonsmoker  
I have not smoked cigarettes in the last twelve months. This declaration will entitle Capitol Bankers Life to amend my policy to a Nonsmoker contract.
- Please decrease my premium to Nonsmoker rates.
- Please continue current premium and apply excess premium to the policy's cash accumulation values.

Insured Signature     

Witness Signature     

7. Reduce Policy Rating

- Reduce or eliminate rating on policy.  
*Complete Health Statement on reverse side.*

8. Change Plan\*

*Complete Health Statement on reverse side.*

Change plan from      Type of Plan  
to      Type of Plan

Change coverage From \$     

To \$     

Change premium From \$     

To \$     

The Owner and Beneficiary of the new policy will be the same as under the original policy unless indicated below. I surrender to the Company the insurance being changed and request that the new plan be issued in its place effective on the date the original policy is terminated.

*\*If exercising the policy's conversion privilege, complete the Application for Conversion (form SO-89037) only.*

9. Special instructions or requests

## STATEMENT OF HEALTH

10. Occupation of each adult to be insured:

NAME	JOB TITLE	DUTIES
<u>Simon Bernstein</u>	<u>P.O.B</u>	<u>EXEC. + SALES</u>

- |  | PROPOSED INSURED                    |                                     | FAMILY MEMBERS           |                          |
|--|-------------------------------------|-------------------------------------|--------------------------|--------------------------|
|  | Yes                                 | No                                  | Yes                      | No                       |
| 11. Has any person proposed for coverage been absent from work during the last 90 days for any reason so that he or she did not work at least 30 hours per week at his or her regular occupation? (Omit for children.)   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Does anyone proposed for coverage participate in aviation (other than as a fare-paying passenger), sky or scuba diving, hang gliding, mountain climbing, or racing of any kind, or intend to travel outside of the U.S. within the next year? (Circle applicable items.) | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. To the best of your knowledge and belief, has anyone proposed for coverage: (Circle applicable items)  |                                     |                                     |                          |                          |
| a. Ever been treated for heart disorder, high blood pressure, cancer, diabetes, alcoholism, chemical dependency, or liver or kidney disease?   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Ever been treated for respiratory disorders, gastrointestinal disorders, nervous disorders, or elevated cholesterol or triglycerides?   | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Ever had or been diagnosed or treated by a medical professional for Acquired Immune Deficiency Syndrome (AIDS) or AIDS-Related Complex (ARC), or tested positive for antibodies to Human T-Cell Lymphotropic Virus, type III (HTLV-III)?                                  | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Ever had an application for life or health insurance or for reinstatement declined, postponed, cancelled, withdrawn, or modified in any way?  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Within the last five years, had or been advised to have medical or surgical treatment for any ailment, injury, or sickness not named in connection with your prior answers?   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Within the last three years, been convicted of 2 or more moving violations or of driving under the influence of alcohol or drugs, or had his or her driver's license suspended or revoked?  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

14. For questions answered "yes," please give details below.

Question	Name	Reason for Treatment	Dates	Name, address, phone of attending physician(s)
13a	Simon	OPEN HEART	2/87	DR. LO CICERO Northwestern Hosp.
13d	"	FRANK		

### AGREEMENT, AUTHORIZATION, SIGNATURES

I agree that:

- Acceptance of any life insurance policy issued on this application will ratify changes by the Company thereupon. A copy of the amended application attached to the policy will be sufficient notice of these changes. Any changes to the policy will be made only with the written consent of the Owner.
- No agent has any authority to make, modify, alter, or discharge any policy.
- All statements and answers on this application are full, complete, and true to the best knowledge and belief of the signers.
- Any change or reinstatement requested herein will not be effective unless and until this application has been approved by the Home Office.
- Any reinstatement or increase in face amount will not be contestable after two years from the effective date of the reinstatement or increase.

I have received the notices about the Federal Fair Credit Reporting Act and the Medical Information Bureau.

I authorize (a) any physician or other medical practitioner; (b) any hospital, clinic, or other medical or medically related facility; (c) any other organization, institution, or person to disclose to Capitol Bankers Life Insurance Company, its reinsurers, and the Medical Information Bureau any records or knowledge about any person to be insured under this policy. This authorization is valid for two and one-half years from the date this form is signed. An exact copy of this authorization is as valid as the original.

Dated at MIAMI BEACH, FL on 7/14/98  
City and State Date

Owner's Taxpayer I.D. No. \_\_\_\_\_

Signature of Agent or Witness \_\_\_\_\_

Signature of Insured \_\_\_\_\_

Signature of Owner (if other than Insured) \_\_\_\_\_

Signature of Spouse/Dependent (if insured) \_\_\_\_\_



Capitol Bankers Life

July 27, 1998

Simon Bernstein  
7020 Lions Head  
Boca Raton, FL 33496

Dear Mr. Bernstein:

Re: Policy #1009208-

We have received the application for Change of Coverage on the above mentioned policy number. Our Underwriting department has reviewed this application and requested the following information:

- Details of heart surgery.
- Name and address of personal physician and attending physician for heart condition.
- Specify if you have been declined for life insurance coverage and date of decline.

Please submit this information in the enclosed envelope for our Underwriting Department by August 17, 1998.

If I can be of any further assistance, please feel free to contact our office at 1-800-825-0003.

Jeannie Lynch  
Customer Service Representative

Enc.

nm\app.pos

*As of  
9-28-98*

Capitol Bankers Life Insurance Company  
PO Box 19191  
Greenville, South Carolina 29602-9191

800-825-0003  
FAX 864-609-4005

JCK000541

**DEPARTMENT ROUTING SCHEDULE**

POLICY # 1009273 NAME Simon Bernstein

Priority	Department/ Person	Date Forwarded	Date Received	Initials
1	Jeannie Lynch-CBL	7-21-98		JL
	Tracey Vickery-CE			
	Michelle Bruner-CI			
	Vickie Goff-CBL			
	Kevin Lucas-Actua (Tax Advisor)			
	Theron Brown- Reinsurance			
	Ron Carlson/Jenni Bufford-Actuarial			
2	Lee Foster- Underwriting			
	Betty Buchanan-LI Accounting			

(1) details of ht. surgery  
 (2) name & address of  
 personal physician  
 & attending physician for  
 heart condition  
 (3) has he been declined for  
 life insurance coverage -  
 when?

*Lee Foster*

Reason for transferring file:

*Please review file to increase face amount  
 to 3 million!*

*Thanks  
 JLC*

Insured Simon Benster **NEW BUSINESS WORKSHEET** Pol. No. 1009208

SUBMISSION CHECKLIST		PRIOR INSURANCE				
Yes	No	Pol. No.	Plan/Rider	Amount	Reins.	File Req.
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					
<input type="checkbox"/>	<input type="checkbox"/>					
<input type="checkbox"/>	<input type="checkbox"/>					
<input type="checkbox"/>	<input type="checkbox"/>					
#						
#						
		PREMIUM				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> \$ _____	<input type="checkbox"/> Add	<input type="checkbox"/> Refund	Date _____	Initials _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> \$ _____	<input type="checkbox"/> Add	<input type="checkbox"/> Refund	Date _____	Initials _____
		UNDERWRITING ACTION DATA				
Date <u>7/21/93</u>		MIB Codes _____				
Initials <u>JZ</u>						
REINSURANCE		Underwriting Type:				
RTT: <input checked="" type="checkbox"/> Auto <input type="checkbox"/> Fac		<input type="checkbox"/> Full <input type="checkbox"/> Simplified Issue <input type="checkbox"/> Guaranteed Issue				
Type: <input type="checkbox"/> Coins <input type="checkbox"/> YRT <input type="checkbox"/> Ob		Final Action: <u>Increase face amount to \$3 million</u>				
Reinsurer: <u>CO</u>		Plan: <u>QVRO</u> Face Amount: <u>1,705,775.00</u>				
IN FORCE:		<input type="checkbox"/> Approved: <input type="checkbox"/> Standard				
Retained: <u>199,900</u>		<input type="checkbox"/> Rated --- Table Rating:				
Basis: _____		Flat Extra: _____				
NEW ISSUE:		Reason: _____				
Retained: _____		Source: _____				
Basis: _____		<input type="checkbox"/> Declined --- Reason: _____				
Reinsurance: _____		Source: _____				
M.I.B. (Attach response)		<input type="checkbox"/> Postponed --- Time Period: _____				
		Reason: _____				
		Source: _____				
		<input type="checkbox"/> Not Taken				
		<input type="checkbox"/> Withdrawn				
		ISSUE INSTRUCTIONS				
		Amendment: <input type="checkbox"/> No <input type="checkbox"/> Yes:				
		<input type="checkbox"/> Face amount				
		<input type="checkbox"/> Plan of insurance				
		<input type="checkbox"/> Health statement				
		<input type="checkbox"/> Special wording:				
		Endorsement: <input type="checkbox"/> No <input type="checkbox"/> Yes --- Wording: _____				
		Date <u>9.28.93</u> Initials <u>JZ</u>				





Record Of Telephone Call

Capitol Bankers Life

Capitol Bankers Life Insurance Company  
Box 19191  
Greenville, 29602-9191

Date 6-23-98

Name Simon Bernstein

From:  Agent/Mgr  
 Policy Owner  
 \_\_\_\_\_

Address is correct  
 Change address to: \_\_\_\_\_

For:  Accounting  
 Claims  
 New Business  
 POS

Telephone No. ( ) \_\_\_\_\_

DOB \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ SS# \_\_\_\_\_

Policy concerned:

Policy No.	Status	Insured
<u>1009268</u>	<u>Dec Anniversary 1297</u>	<u>Bernstein</u>
<u>fixed loan \$16,041.14</u>	<u>16,103.10</u>	<u>1,705,773.00</u>

Request/Problem: Inc by 1,000,000. - mail illustration, Application & pac card

Send forms for:  CSV  Policy Loan  Beneficiary Change  Reinstatement  
 LPC  PAC Card  Insured Name Change  \_\_\_\_\_  
 Claimant Statement

Action taken: mailed info 6-23-98

Date of Death \_\_\_\_\_  Suspend Bill  Request Loan History  Request Premium History

Person receiving call: \_\_\_\_\_

Agent # \_\_\_\_\_ Group # \_\_\_\_\_ PAC # \_\_\_\_\_  
0093-17(R5-93)

Capitol Bankers Life  
PO Box 19191  
Greenville, SC 29692-9191

## Fax Cover Sheet

DATE: May 12, 1998

TO: Scott Pruett @ STP      PHONE:      312-819-0773  
FAX:      312-819-0773

FROM: Tracey Vickery      PHONE: 800-825-0003

FAX: 864-609-4005

RE: Policy #1009208 - Simon Bernstein

CC: Simon Bernstein

**Number of pages including cover sheet:**  
**Message**

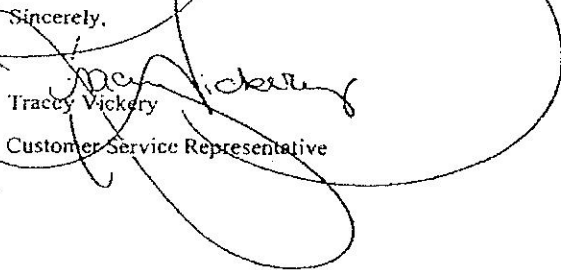
Per your request, we have changed the billing address and placed the above mentioned policy on direct billing.

For this type of policy we offer quarterly, semiannual or annual billing. We only offer monthly billing if we draft for the premium.

The quarterly premium is \$15,763.13. The paid to date is March 27, 1998. In order to bring this policy to a current payment status, it is necessary for you to submit the balance due. Your premium is \$15,763.13. However, \$10,410.16 has been held from your last transaction. Please remit a balance of \$5,352.97 to our office prior to May 29, 1998. Upon receipt, your policy will be paid to June 27, 1998.

Should you have any further questions, please feel free to call me at 1-800-825-0003.

Sincerely,

  
Tracey Vickery  
Customer Service Representative

Record Of Telephone Call

Capitol Bankers Life

Capitol Bankers Life Insurance Company  
Box 19191  
Creston, Ia. 29602-9191

Date 5/13/98

Name Scott

From:  Agent/Mgr  
 Policy Owner

Address is correct  
 Change address to: \_\_\_\_\_

For:  Accounting  
 Claims  
 New Business  
 POS

Telephone No. ( ) 312 819-0773

DOB \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

SS# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Policy concerned:

Policy No.	Status	Insured
<u>109203</u>	<u>0071</u>	

Request/Problem: fax bill to Scott

Send forms for:  CSV  Policy Loan  Beneficiary Change  Reinstatement  
 LPC  PAC Card  Insured Name Change   
 Claimant Statement

Action taken: \_\_\_\_\_

Date of Death \_\_\_\_\_  Suspend Bill  Request Loan History  Request Premium History

Person receiving call: \_\_\_\_\_

Agent # \_\_\_\_\_ Group # \_\_\_\_\_ PAC # \_\_\_\_\_  
0093-17(R5-93)



INDUSTRY:  
POLICY NUMBER:

SILVER BRIDGE  
SILVER BRIDGE  
7020 LIONS HEAD  
SUNSHINE RAILROAD PL 33496

AGENCY REPORT ON CURRENT VALUE LIFE POLICY # 1009208

AGI NUM: 0000735  
AGENT : CAPITOL BANKERS LIFE INSURANCE C  
BOX 19191  
GREENVILLE SC 29602

# ILLUSTRATION ONLY

PHONE : 800-925-0003

PREMIUM PAYMENT MODE: QUARTERLY  
EACH PAYMENT: \$20,941.50

## STATEMENT OF POLICY COSTS AND BENEFITS FOR CURRENT YEAR AND NEXT YEAR

THIS IS TO COVER IN THE CURRENT YEAR BASIS IN THE NEXT YEAR.

CURRENT STATUS FOR YEAR ENDING DEC 27, 1998  
GUARANTEED FOR YEAR ENDING DEC 27, 1999

CHARGE DATE BASIS INTEREST 7.00% 7.00%

300 100000 11,705,777 12,100,616

CHARGE VALUE - START OF YEAR 181,082.60 4100,394.30

CHARGE VALUE - END OF YEAR 163,792.59 \$93,766.00

CHARGE VALUE - START OF YEAR 1,931,877 11,267.46

CHARGE VALUE - END OF YEAR 424,330.42 \$34,894.70

CHARGE VALUE - START OF YEAR \$12,925.85 \$24,021.89

CHARGE VALUE - END OF YEAR \$19,703.16 0.00

CHARGE VALUE - END OF YEAR 419,394.30 41351911.17

CHARGE VALUE - END OF YEAR 479,022.53

CHARGE VALUE - END OF YEAR 42,109,616 379,022.53

THE ABOVE STATEMENTS (A) THAT ALL PREMIUMS ARE PAID UP BY YOU, (B) THAT THERE ARE NO POLICY LOAN INTERESTS (CALLED AS SP END), AND (C) THAT THE RENEWAL OPTION IS NOT CHANGED, AND WE COVER THE RENEWAL OPTION FOR EACH YEAR BY YOU UNTIL YOU EXPIRE JAN 27, 1999. CONTACT YOUR AGENT AT THE ADDRESS SHOWN ABOVE IF YOU HAVE ANY QUESTION OR WOULD LIKE AN ILLUSTRATION OF POLICY BENEFITS AND COSTS UNDER ANY RENEWAL OPTION. IF THE RENEWAL OPTION PREMIUM FOR THE LIFE BASIS IN EFFECT ON ANY RENEWAL DATE IS NOT PAID, THE POLICY WILL Lapse.

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

STOOD CONTRACT NO. 377 3005 4018  
POLICY NO. 2100516  
CASH VALUE EFFECTIVE DATE 12/19/61

TARGET BASIS: CURRENT  
EXTRA VALUES INCREASE CASH VALUES  
DEFRA COMPLIANCE W/D ENDORSEMENT

SUMMARY OF END OF YEAR VALUES

CURRENT BASIS VALUES				GUARANTEED VALUES (GUARANTEED BASIS AFTER YEARLY)			
POL YR	AGE	ANNUAL PREMIUM	CASH VAL INCREASE	POL YR	AGE	ANNUAL PREMIUM	CASH VAL INCREASE
0	32	7002.23	41931	10	42	123334.94	62621
1	33	7002.23	41276	20	52	123334.94	58786
2	34	7002.23	40706	30	62	123334.94	54617
3	35	7002.23	40216	40	72	123334.94	49276
4	36	7002.23	40001	50	82	123334.94	42821
5	37	7002.23	40001	60	92	123334.94	35213
6	38	7002.23	40001	70	102	123334.94	26517
7	39	7002.23	40001	80	112	123334.94	16817
8	40	7002.23	40001	90	122	123334.94	6217
9	41	7002.23	40001	100	132	123334.94	0

THE VALUES SHOWN IN THIS PRESENT ARE FOR ILLUSTRATION PURPOSES ONLY AND WILL APPLY ONLY TO A POLICY PURSUANT TO THE GUARANTEED VALUES IS ASSUMED. ACTUAL VALUES AFTER THE FIRST POLICY YEAR WILL BE BASED ON THE YEAR RENEWAL DATE, AND ANY CHANGES IN THE CURRENT RATE BASIS.

CURRENT BASIS CONDITIONS

10 YEARS 36.47 53.20  
20 YEARS 36.47 53.20  
30 YEARS 36.47 53.20  
40 YEARS 36.47 53.20  
50 YEARS 36.47 53.20  
60 YEARS 36.47 53.20  
70 YEARS 36.47 53.20  
80 YEARS 36.47 53.20  
90 YEARS 36.47 53.20  
100 YEARS 36.47 53.20

IF THE TYPE OF PREMIUMS CHANGED FOR THE RATE BASIS IN EFFECT ON ANY RENEWAL DATE IS NOT PAID, THE POLICY WILL EXPIRE. IF THE TYPE OF PREMIUMS CHANGED FOR THE RATE BASIS IN EFFECT ON ANY RENEWAL DATE IS NOT PAID, THE POLICY WILL EXPIRE.

PRESENTED BY: CAPITAL BANKERS LIFE INSURANCE CO.  
205 E. WISCONSIN AVE.  
MILWAUKEE, WISCONSIN 53201

CURRENT VALUE LIFE... FAIR CURRENT VALUE YEAR BY YEAR, ALWAYS LOOKING FORWARD

JUNE 22, 1993

PAGE 1 OF 2

1009200

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

ILLUSTRATION  
NO. J2-12674

TABLE OF END OF YEAR VALUES  
(IF CURRENT BASIS CONTINUES)  
(GUARANTEED BASIS AFTER YEAR 17)

POL YR	ATT AGE	INSURED	ANNUAL PREMIUM	CASH VAL INCREASE	CASH VALUE	POL YR	INSURED	ANNUAL PREMIUM	CASH VAL INCREASE	CASH VALUE
17	63	1705773	59451.55	18812	100394	19	1705773	59451.55	18812	100394
18	64	1700616	79022.53	35517	135911	17	2100516	123334.94	62621	198532
19	65	1700616	79022.53	42261	180774	19	2100516	123334.94	61706	260793
20	66	1700616	79022.53	49527	271401	30	2100516	123334.94	61706	322499
21	67	1700616	79022.53	46038	317440	21	2100516	123334.94	60932	383431
22	68	1700616	79022.53	47276	363938	22	2100516	123334.94	59921	443353
23	69	1700616	79022.53	44519	411213	23	2100516	123334.94	58786	502139
24	70	1700616	79022.53	47904	507877	25	2100516	123334.94	56556	616313
25	71	1700616	79022.53	47904	749261	30	2100516	123334.94	53440	889271
26	72	1700616	79022.53	43861	977104	35	2100516	123334.94	45517	1134967
27	73	1700616	79022.53	38292	132125	40	2100516	123334.94	30917	1540348
28	74	1700616	79022.53	38292	157103	45	2100516	123334.94	39783	1934420
29	75	1700616	79022.53	79391	166519	50	2100516	123334.94	54951	1775931
30	76	1700616	79022.53	40474	2190620	55	2100741	123334.94	197392	2100741

ILLUSTRATION ONLY

1009200

JUL 27, 1938

PAGE 2 OF 2

DOCUMENTARY LISTING for LEUGER #12674, stored for user JEANNE.L

RUN COMPLETION DATE: JUN 22, 1998 at 15:14 PM. STATUS: RENEW

AGENT NUMBER: 0000735  
PRODUCT: Standard CVL Life, AGENT NAME: CAPITAL BANKERS LIFE INSURANCE C  
DEFRA Endorsement: 0, Pricing Basis: Standard, # of Lives: 1, State Code: IL

PRIMARY Person Insured: SIMON BERNSTEIN  
Age: 47 Sex: M Smoker: N Table Rating: 0.0  
Maximum Policy Attained Age: 100 ( 53 policy years).

FLAT EXTRA CHARGES: None Specified.

BASIC BENEFIT AMOUNT: \$1,000,000.00 Specified Variations.  
BASIC BENEFITS BY Policy Year (DOLLAR AMOUNTS):  
20000000.00 (YRS 1-16); 2411546.16 (THEREAFTER)

BASIC PREMIUM AMOUNT: To be Computed. Level in All Years.

PLAN OPTIONS SELECTED: none. TARGET RATE BASIS: Current Basis.  
CASH VALUE OBJECTIVE: Increase Cash values. INTERESTED, INTEREST: None  
EXTRA VALUE: Increase Cash values.

ILLUSTRATION ONLY



INSURED: SIMON BERNSTEIN  
 AGE 47 SEX M  
 POLICY DATE: DEC 27, 1982

POLICY RENEWAL VALUE LIFE  
 COMMISSION REPORT

POLICY NUMBER: 1009208  
 PROCESS DATE: JUL 22, 1993  
 RATING: STANDARD

	GRUSS PREMIUM	PCT RATE	GEN. AGENT COMMISSION
BASIC PREMIUM	62201.53	4.00	2488.06
RISK INCREASE PREMIUM	15821.00	60.00	10092.60
ELAT EXTRA CHARGE	0.00	0.00	0.00
EXCESS & POUR-IN	0.00	4.00	0.00
TOTAL	79022.53		12580.66

ILLUSTRATION ONLY



Capitol Bankers Life Insurance Company  
PO Box 19191  
Greenville, South Carolina 29602-9191  
800-825-0003  
FAX 864-609-4005

**CERTIFICATE OF COVERAGE**

with

**Capitol Bankers Life Insurance Company**

A Stock Company (herein called "the Company")  
Business Office: Greenville, South Carolina

The Company certifies that it has issued a Current Value Life policy and that it has agreed to pay the benefits provided thereunder subject to the terms, conditions, and limitations therein.

The policy is a contract between the Owner and the Company. It may be changed or terminated only by those parties.

This certificate is merely evidence of coverage provided under the policy.

1009208  
*Policy Number*

**Simon Bernstein**  
*Insured*

\$1,705,773.00  
*Sum Insured*

**Simon Bernstein**  
*Owner*

None  
*Rider Name and Amount*

**Lasalle National Trust, N.A.**  
*Primary Beneficiary*

None  
*Rider Name and Amount*

**Simon Bernstein Ins. Trust**  
*Contingent Beneficiary*

Signed for the Company on December 12, 1982

Kevin Lengyell  
Secretary  
Capitol Bankers Life Insurance Company



Capitol Bankers Life

May 20, 1998

Capitol Bankers Life Insurance Company  
PO Box 19191  
Greenville, South Carolina 29602-9191  
803-825-0003  
FAX 864-609-4005

Simon Bernstein  
7020 Lions Head  
Boca Raton, FL 33496

Re: Policy #1009208

Dear Mr. Bernstein:

This letter is in regard to your recent request for values on the above mentioned policy.

The cash value as of today is \$89,896.47.

Should you have any further questions, please feel free to call me at 1-800-825-0003.

Sincerely,

Tracey Vickery  
Customer Service Representative

JCK000555

# Capitol Bankers Life

## Fax Cover Sheet

DATE: May 18, 1998  
TO: Simon Bernstein                      PHONE: 561-487-3924  
FROM: Tracey Vickery                      PHONE: 800-825-0003  
FAX: 864-609-4005  
RE: Policy #1009208  
CC:

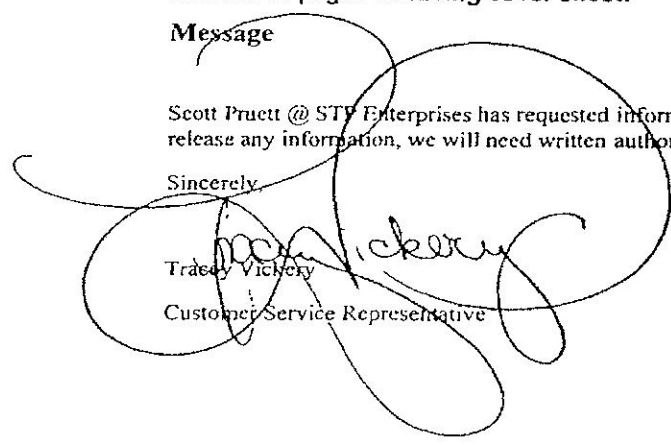
1100

Number of pages including cover sheet:

Message

Scott Pruett @ STV Enterprises has requested information on the above mentioned policy. Before we can release any information, we will need written authorization from you.

Sincerely,



Tracey Vickery

Customer Service Representative



Record Of Telephone Call

Capitol Bankers Life  
Capitol Bankers Life Insurance Company  
Box 19191  
Greenville, 29602-9191

Date 4-29-98

Name Scott Bennett

From:  Agent/Mgr  
 Policy Owner  
 \_\_\_\_\_

Address is correct  
 Change address to: \_\_\_\_\_

For:  Accounting  
 Claims  
 New Business  
 POS

fax 312-819-0713  
Telephone No. ( ) \_\_\_\_\_

DOB \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

SS# \_\_\_\_\_

Policy concerned:

Policy No.	Status	Insured
<u>1009208</u>		

Request/Problem: 1) fax confirmation of ownership

Send forms for:  CSV  Policy Loan  Beneficiary Change  Reinstatement  
 LPC  PAC Card  Insured Name Change  \_\_\_\_\_  
 Claimant Statement

Action taken: faxed copy of confirmation to Scott

Date of Death \_\_\_\_\_  Suspend Bill  Request Loan History  Request Premium History

Person receiving call: \_\_\_\_\_

Agent # \_\_\_\_\_ Group # \_\_\_\_\_ PAC # \_\_\_\_\_  
0093-17(R5-93)

Capitol Bankers Life  
PO Box 19191  
Greenville, SC 29692-9191

## Fax Cover Sheet

DATE: April 29, 199

TO: Scott Pruett

PHONE:

FAX: 312-819-0773

FROM: Tracey Vickery

PHONE:

800-825-0003

FAX: 864-609-4005

RE: Policy #1009208 - Simon Bernstein

CC:

Number of pages including cover sheet:

Message

Attn: Merrill

Capitol Bankers Life

April 3, 1998

Capitol Bankers Life Insurance Company 800-825-0003  
Box 19191 FAX 864-609-4205  
Greenville, SC 29602-9191

SIMON BERNSTEIN  
7020 LIONS HEAD  
BOCA RATON, FL 33496

RE: SIMON BERNSTEIN  
Policy #1009208

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

JCK000560



TRANSMISSION RESULT REPORT (APR 30 '98 12:41PM)

LIBERTY INSURANCE SERVICES

(AUTO)

DATE	START TIME	REMOTE TERMINAL IDENTIFICATION	TIME	RE-SULTS	MODE	TOTAL PAGES	PERSONAL LABEL	FILE NO.
APR 30	12:40PM	1 312 819 0773	00'49"	OK	S	02		029

E)ECM >)REDUCTION S)STANDARD M)MEMORY C)CONFIDENTIAL \* )BATCH  
D)DETAIL D)TRANSFER  
F)FINE P)POLLING

JCK000561

TRANSMISSION RESULT REPORT

(APR 29 '88 03:24PM)

LIBERTY INSURANCE SERVICES

(AUTO)

DATE	START TIME	REMOTE TERMINAL IDENTIFICATION	TIME	RE-SULTS	MODE	TOTAL PAGES	PERSONAL LABEL	FILE NO.
APR 29	03:23PM	1 312 819 0773	00'48"	OK	S	02		001

E)EQM >>REDUCTION  
S)STANDARD  
D)DETAIL  
F)FINE

M)MEMORY C)CONFIDENTIAL \*>BATCH  
\$)TRANSFER  
P)POLLING



Capitol Bankers Life

April 3, 1998

Capitol Bankers Life Insurance Company  
Box 19191  
Greenville, SC 29602-9191

800-825-0003  
FAX 864-609-4005

SIMON BERNSTEIN  
7020 LIONS HEAD  
BOCA RATON , FL 33496

RE: SIMON BERNSTEIN  
Policy #1009208

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

JCK000563

STP Enterprises, Inc.  
303 East Wacker Drive, Suite 210  
Chicago, IL 60601

**STP ENTERPRISES**

# Fax

<b>To:</b> TRACY VICKERY	<b>From:</b> SCOTT PRUETT
<b>Fax:</b> 312-819-0773	<b>Pages:</b> 3
<b>Phone:</b> 312-819-7474	<b>Date:</b> April 3, 1998
<b>Re:</b>	<b>CC:</b>

Urgent   
  For Review   
  Please Comment   
  Please Reply   
  Please Recycle

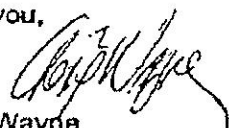
• **Comments:**

Tracy:

Re: Policy #1009208

Please process the following Change of Beneficiary form and mail proof of change to STP Enterprises, Inc. and Simon Bernstein.

Thank you,



Cherie Wayne

For: Scott Pruett

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

S.T.P.

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

STP ENTERPRISES

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 Builders 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 value 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 returning 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 our disbursements 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  
City and State

DATE 3-31-98

Frank S. Katalan, LaSalle Natl Bk  
Signature of Witness (Attach to All Required Signatures Within This Form)

LA SALLE NATIONAL BANK  
BY: Linda M. Parker  
Branch Signature

[Signature]  
New Owner's Signature, if Applicable

Additional Required Signatures (If Any)  
(Attach to any form in this form where required. Return Tick marks to us in this folder.)

Capitol Bankers Life

Capitol Bankers Life Insurance Company
Box 10191
Greenville, South Carolina 29602-0191
804-809-3142 • 800-871-0001 • FAX 804-809-4006

REQUEST LETTER

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

Instructions

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

Required Signatures

- a. Owner must sign ALL requests.
b. If policy is collectively assigned, assignees must sign if request number 8 is made.
c. If beneficiary was designated without right of revocation, beneficiary must sign if request number 8 or 9 is made.
d. If owner resides in a community property state, the spouse of the owner must sign if request number 4 is made.
e. If owner is a partnership, each partner must sign if request number 6 or 7 is made.
f. 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 6 or 8 is made.
g. "Witness Signatures" 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: [blank]

- 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.
FULL NAME OF BENEFICIARY RELATIONSHIP % OF PROCEEDS
PRIMARY [blank] [blank] [blank]
CONTINGENT [blank] [blank] [blank]

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

- 5. NAME CHANGE FOR: Insured Owner
From [blank] to [blank]
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. [blank]
Mailing Address: 1020 Lyons Road Brea, Calif. CA 92620
If ownership is being transferred to a trust, give date of Trust Agreement: [blank]



Capitol Bankers Life

April 1, 1998

Capitol Bankers Life Insurance Company  
Box 19191  
Greenville, SC 29602-9191

800-825-0003  
FAX: 864-609-4005

SIMON BERNSTEIN  
7020 LIONS HEAD  
BOCA RATON , FL 33496

RE: SIMON BERNSTEIN  
Policy #1009208

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

JCK000567

**S. T. P. ENTERPRISES, INC.**

---

THREE ILLINOIS CENTER  
303 EAST WACKER DRIVE, SUITE 210  
CHICAGO, IL 60601-5210  
(312) 819-7474  
(312) 819-0773 FAX  
E-Mail: office@stpcorp.com

March 31, 1998

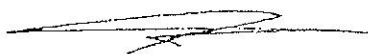
Tracy Vickery  
Capitol Bankers Life  
Box 19191  
Greenville, SC 29602-9191

Re: Policy #1009208

Please process the following Change of Beneficiary form and mail proof of change to  
STP Enterprises, Inc. and Simon Bernstein.

Thank you.

Sincerely,

  
Scott Pruett

JCK000568