

MET-LIFE ACCOUNT
CMEIWA53

P4761

Minnesota Life Insurance Company
A Securian Company
400 Robert Street North
St. Paul, MN 55101-2098

MINNESOTA LIFE

PRSR AUTO
FIRST-CLASS  US POSTAGE \$00.35⁷
 NOV 02 2010
ZIP 55107
QRC: 4052241

ADDRESS SERVICE REQUESTED

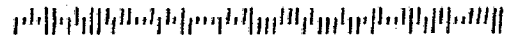
F12978 Rev 3-2008

NELVA E BRUNSTING
13630 PINEROCK LN
HOUSTON TX 77079

Conti

JJFQA31

77079



P4762

BRUNSTING003255

Date: October 27, 2010

Settlement Contracts Department
1-800-272-4772

Control Number: 0071512

NELVA E BRUNSTING
13630 PINEROCK LN
HOUSTON TX 77079

We have sent your November annuity payment of \$91.78 to:

BANK OF AMERICA

Withholding deductions on this annuity for the current payment are:

Gross Payment	\$91.78
Less Deductions:	0.00

Net Payment	\$91.78

This receipt is a verification of your depository and withholding, and should not be regarded as a confirmation of deposit. Please contact your depository listed above for confirmation of deposit. It is our pleasure to serve you. Please do not hesitate to contact us if we can be of assistance.

MINNESOTA LIFE

BNY Mellon Shareowner Services
P.O. Box 358333
Pittsburgh, PA 15252-8333

BNY MELLON
SHAREOWNER SERVICES

May 13, 2010

NELVA E BRUNSTING TR UA APR 01 09
THE NELVA E BRUNSTING SURVIVORS
TRUST
13630 PINEROCK
HOUSTON TX 77079

Company Name	METLIFE, INC.
Account Key	NELVAE--BRST-- 0I00
Investor ID #	124921356678
Control Number	201005120000979

Dear Investor:

Thank you for contacting BNY Mellon Shareowner Services regarding the availability of a dividend reinvestment program for shareholders of MetLife, Inc. common stock.

Unfortunately, MetLife does not provide the option for dividend reinvestment. In accordance with the guidelines governing the MetLife Policyholder Trust, approved as part of MetLife's Plan of Reorganization, dividend reinvestment is not permitted. However, if in the future, the rules governing the Trust are amended to provide for the offering of a dividend reinvestment program, all shareholders will be appropriately notified.

If you have any additional questions or concerns, please call our Customer Service Center at 1-800-649-3593. You may also access your MetLife, Inc. common stock account on the Internet at

www.bnymellon.com/shareowner/isd.

Sincerely,

BNY Mellon Shareowner Services

* Informational purposes.
Means if a dividend is
payable, it will be in cash
rather than shares.

Group Life Claims Division
P.O. BOX 6100
SCRANTON, PA 18505-6100



MetLife[®]

STATEMENT OF CLAIM

INSURED:	BRUNSTING, ELMER H	CLAIM NUMBER:	20906006827
PAYEE:	THE BRUNSTING FAMILY TRUST	GROUP/SUB/PAY POINT:	0093445 0000 0000
ADDRESS:	NELVA BRUNSTING TTEE	FACE VALUE:	\$ 3735.00
	13630 PINEROCK	INTEREST AMOUNT:	\$ 13.51
	HOUSTON TX 77079	AMOUNT PAID:	\$ 3748.51

*PD
Cancelled*

The interest portion of this payment is taxable income and should be included on your federal and state income tax returns. If the interest paid is \$200 or more, it will be reported to the IRS, and you will receive Form 1099-INT at year end. Therefore, please notify the claims office listed above of any address changes.

MMS805.SCRE(02/05)

P4765

BRUNSTING003258



BNY Mellon Shareowner Services
 P.O. Box 358420
 Pittsburgh, PA 15252-8420

3509 01 0000303 0000605
The MetLife Policyholder Trust ("Trust")
Transfer Transaction Advice

RETAIN THIS DOCUMENT FOR YOUR RECORDS

Account Registration:

0000303 02 SP 0.610 **SGLP H5 1 3559 77079-591430 C01 B1MAT - 23 -

Date: 05/14/2010



NELVA E BRUNSTING TR UA APR 01 09
 THE NELVA E BRUNSTING SURVIVORS
 TRUST
 13630 PINEROCK
 HOUSTON TX 77079

For information concerning this statement, please call BNY Mellon Shareowner Services,
 MetLife, Inc.'s Transfer Agent, toll free at 1-800-649-3593

Trust Interests (Shares)	95.0000
CUSIP Number	59156R10

Transaction Date	05/13/2010
Transaction Advice Number	0002451266
Investor ID	1249 2135 6678

This Transaction Advice is your record of the indicated Trust Interests being credited to an account on the books of the referenced transfer agent. The Transaction Advice should be kept with your important documents as a record of your ownership of these securities. These Trust Interests are transferable only as permitted under The MetLife Policyholder Trust.

Please read the important information on the back of this form and in the Purchase and Sale Brochure.

If you wish to request a purchase or sale transaction, detach coupon at the perforation and complete the applicable side of the form.

PLEASE BE SURE **THIS ADDRESS** APPEARS IN THE ENVELOPE WINDOW FOR PURCHASES ONLY

Purchase Instructions

1249 2135 6678

(See reverse side to SELL)

NELVA E BRUNSTING TR UA APR 01 09

BNY Mellon Shareowner Services
 P.O. Box 382200
 Pittsburgh, PA 15250-8200



Change of Address:

Signature

(if address is being changed)

Make check in U.S. dollars, payable to:
 MetLife Purchase Program

Amount Enclosed

Minimum investment \$250 (except as described in the Purchase and Sale Brochure)

0000101 102 124921356678 9

P4766

BRUNSTING003259



Additional Service Channels

Internet

Visit Investor ServiceDirect® at www.melloninvestor.com/isd to:

View Information

- Pending transactions
- Transaction history
- Payment history
- Account statements through MLinkSM
- Purchase and Sale Program Brochure

Perform Transactions

- Change your address
- Replace a dividend check
- Certify your taxpayer ID
- Sell shares

Mail

Correspondence:

MetLife, Inc.
c/o Mellon Investor Services
P.O. Box 4410
South Hackensack, NJ 07606-2012

Requests for Ownership Transfers:

MetLife, Inc.
c/o Mellon Investor Services
P.O. Box 4447
South Hackensack, NJ 07606-2047

eMail

metlife@melloninvestor.com

Annual Reports of MetLife, Inc. are available through the MetLife Web site at: www.metlife.com



You are also entitled to certain rights evidenced by certificates for MetLife, Inc. Common Stock and as set forth in a Rights Agreement between MetLife, Inc. and ChaseMellon Shareholder Services, L.L.C., (now known as Mellon Investor Services LLC) as Rights Agent (The "Rights Agreement"), the terms of which are incorporated herein by reference and a copy of which is on file at the principal executive offices of MetLife, Inc. Under certain circumstances, as set forth in the Rights Agreement, such rights will be evidenced by separate certificates and will no longer be evidenced by certificates for MetLife, Inc. Common Stock. MetLife, Inc. will mail a copy of the Rights Agreement, without charge, promptly after receipt of a written request therefor. Under certain circumstances as set forth by the Rights Agreement, rights beneficially owned by an acquiring person or any associate or affiliate thereof (as defined in the Rights Agreement), whether currently held by or on behalf of such person or by any subsequent holder, may become null and void. For more information, see "Stockholder Rights Plan" on page 158 of Policyholder Information Booklet, Part Two.

Annual Reports of MetLife, Inc. are available through the MetLife Web site at www.metlife.com

If you wish to request a purchase or a sale transaction, detach coupon at the perforation and complete the applicable side of the form.

PLEASE BE SURE **THIS ADDRESS APPEARS IN THE ENVELOPE WINDOW FOR SALES ONLY**

SELL INSTRUCTION

(See reverse side to PURCHASE)

If you wish to sell all or part of your shares, please mark the appropriate box, complete, sign and date this form. You must use blue or black ink.

If your taxpayer identification number has not been certified, proceeds may be subject to federal income tax withholding.

MetLife/MIS
P.O. Box 4447
South Hackensack, NJ 07606-2020



Requests must be signed by all registered owners.

Sell ALL Shares:

(Selling all shares will terminate your participation in the Trust and your right to participate in the purchase and sale program.)

Check this box to sell all shares

Sell PARTIAL Shares:

(Partial sales are only permitted if you have more than 199 shares. Partial sales can only be made in lots of 100 shares. Sales that would result in a balance of less than 100 shares will be rejected. Please indicate below, the number of shares you wish to sell.)

Sell 0 0 Shares

Please use blue or black ink.

SIGNATURE _____

DATE _____

7430

P4767

MAX-1SM

For more information write or call:

Metropolitan Life Insurance Company
Pension and Savings Center
P.O. Box 3668
Little Rock, AR 72203
Tel: 1 - 800 - 638 - 4986

Contract Owner:

NELVA E BRUNSTING
13630 PINEROCK
HOUSTON TX 77079

Contract/Certificate # M9232883
Annuitant NELVA E BRUNSTING
Market Type NON-QUALIFIED
Owner's Social Security # 481-30-4685
Issue Date 07/30/92
Interest Rate 5.75%
Interest Rate Guaranteed Through 07/31/93
Statement Preparation Date 07/26/93
Statement Period 07/30/92-07/29/93

CONTRACT HISTORY (Since Original Purchase)

ORIGINAL PURCHASE 07/30/92	TOTAL EARNINGS	TOTAL WITHDRAWALS (INCLUDING CHARGES)	ACCUMULATION VALUE 07/29/93
\$50,000.00	\$2,875.00	\$0.00	\$52,875.00

ACTIVITY DURING THIS STATEMENT PERIOD

BEGINNING BALANCE 07/30/92	TRANSACTION EFFECTIVE DATE	INTEREST EARNINGS	WITHDRAWALS (INCLUDING CHARGES)	ACCUMULATION VALUE 07/29/93
\$50,000.00		\$2,875.00	\$0.00	\$52,875.00

Renewal Interest Rate 5.50%
Interest Rate Start Date 08/01/93
Interest Rate Guaranteed Through 07/31/94

Retirement Value/Death Benefit \$52,875.00
07/29/93 Cash Surrender Value Is \$50,000.00

PLEASE NOTE THIS DOES NOT REFLECT ANY WITHDRAWALS PROCESSED AFTER THIS STATEMENT WAS PREPARED.

IF YOUR ACCOUNT BALANCE ON 07/31/93 IS BELOW \$50,000.00, THE NEXT INTEREST RATE WILL BE 5.25%.

WITH MAX 1, NOT ONLY DO YOU EARN ATTRACTIVE RATES COMBINED WITH THE ADVANTAGES OF TAX DEFERRAL, BUT YOU ALSO ENJOY THE PEACE OF MIND PROVIDED BY THE SAFETY AND SECURITY OF METLIFE. YOUR MAX 1 CAN EVEN BE USED TO PROVIDE YOU WITH A RETIREMENT INCOME. WE HAVE MANY EXCITING OPTIONS FROM WHICH YOU MAY CHOOSE, INCLUDING PAYMENTS THAT YOU CAN NEVER OUTLIVE! YOUR ACCOUNT REPRESENTATIVE WILL BE GLAD TO ANSWER ANY QUESTIONS THAT YOU MAY HAVE.

MetLife
Pension & Savings Center **P4768**

IMPORTANT NOTICE

To obtain information or make a complaint:

You may call our Customer Service Center toll free number at:

1-800-523-2894

You may also write to Us at the following address:

Overnight Mail:

MetLife Insurance Company of Connecticut
Group Paid Up, Life Services
177 S. Commons Drive
Aurora, IL 60504

Regular Mail:

MetLife Insurance Company of Connecticut
Group Paid Up, Life Services
P.O. Box 2006
Aurora, IL 60507-2006

You may contact the Texas Department of Insurance to obtain information on companies, coverage, rights, or complaints at:

1-800-252-3439

You may write to the Texas Department of Insurance at:

P. O. Box 149104
Austin, TX 78714-9104

FAX # (512) 475-1771

PREMIUM OR CLAIM DISPUTES: Should you have a dispute concerning your premium or about a claim, you should contact your agent or MetLife Insurance Company of Connecticut first. If the dispute is not resolved, you may contact the Texas Department of Insurance.

ATTACH THIS NOTICE TO YOUR CERTIFICATE: This notice is for information only and does not become a part or condition of the attached document.

L-13915 MICC

AVISO IMPORTANTE

Para obtener información o para hacer una queja:

Puede llamar con cargo revertido a nuestro Centro de Servicio al Consumidor al:

1-800-523-2894

También nos puede escribir a:

Correo Nocturno:

MetLife Insurance Company of Connecticut
Group Paid Up, Life Services
177 S. Commons Drive
Aurora, IL 60504

Correo Regular:

MetLife Insurance Company of Connecticut
Group Paid Up, Life Services
P.O. Box 2006
Aurora, IL 60507-2006

Puede comunicarse con el Texas Department of Insurance para obtener información acerca de compañías, coberturas, derechos o quejas al:

1-800-252-3439

Puede escribir al Texas Department of Insurance al:

P. O. Box 149104
Austin, TX 78714-9104

FAX # (512) 475-1771

DISPUTAS SOBRE PRIMAS O RECLAMOS: Si tiene una disputa concerniente a su prima o a un reclamo, primero debe comunicarse con el agente o MetLife Insurance Company of Connecticut. Si no se resuelve la disputa, puede entonces comunicarse con el Texas Department of Insurance.

ADJUNTE ESTE AVISO A SU CERTIFICADO: Este aviso es solo para propósito de información y no se convierte en parte o condición del documento adjunto.

(rev 05-06)

P4769

BRUNSTING003262

MetLife Insurance Company of Connecticut

Dear Certificate Holder,

On July 1, 2005 MetLife, Inc. acquired The Travelers Insurance Company from Citigroup Inc.

Today, we are writing to notify you of our intent to change the name of **The Travelers Insurance Company** to **MetLife Insurance Company of Connecticut**.

Please be assured that **the name change will not affect your certificate or benefits**. Once the necessary regulatory approval has been obtained, you will receive an official name change endorsement to attach to your certificate. **No additional action is required on your part.**

Our mission is to build financial freedom for everyone. We look forward to the opportunity to continue to serve your financial needs for many years to come.

If you have any questions or concerns, please do not hesitate to contact us at 1-800-523-2894. For information on products and services, please visit www.metlife.com.

Sincerely,

Group Paid Up
Life Services

P4770

BRUNSTING003263



Metropolitan Life Insurance Company
700 QUAKER LANE
PO BOX 316
WARWICK, RI 02886-0316

Dividend Payment

Policy Number	District/Agency	Date of Check	Amount of Check
21 282 000 A	4284/817	MAR 28, 2002	\$235.20

ELMER H BRUNSTING
13630 PINEROCK LN
HOUSTON TX 77079-5914

Dear Policyholder

We are pleased to send you the attached dividend payment.

At MetLife, we've paid dividends without interruption since becoming a mutual company in 1915. We've been able to do this because we offer competitive products and services, have made sound investments and run our business efficiently.

Today, more and more people are making a "flight to quality", choosing to do business with financial institutions that are safe and secure like MetLife. We have a longstanding reputation for integrity and financial stability – and remain committed to meeting the needs of our customers.

Thank you for doing business with MetLife. We value your confidence in us and look forward to providing quality service to you and your loved ones – now and in the years ahead.

Please detach stub before cashing

HX0323.SCRE(06/01)

P4771

BRUNSTING003264



Metropolitan Life Insurance Company
12902 E. 51 ST.
PO BOX 500
TULSA OK 74121

Dividend Payment

Policy Number	District/Agency	Date of Check	Amount of Check
21 282 000 A	3582/815	MAR 28, 1998	\$181.82

ELMER H BRUNSTING
13630 PINEROCK LN
HOUSTON TX 77079-5914

Dear Policyholder

We are pleased to send you the attached dividend payment.

At MetLife, we've paid dividends without interruption since becoming a mutual company in 1915. We've been able to do this because we offer competitive products and services, have made sound investments and run our business efficiently.

Today, more and more people are making a "flight to quality", choosing to do business with financial institutions that are safe and secure like MetLife. We have a longstanding reputation for integrity and financial stability – and remain committed to meeting the needs of our customers.

Thank you for doing business with MetLife. We value your confidence in us and look forward to providing quality service to you and your loved ones – now and in the years ahead.

Please detach stub before cashing

P4772

BRUNSTING003265



METROPOLITAN LIFE INSURANCE COMPANY

700 QUAKER LANE
PO BOX 336
WARWICK RI 02887

Notice of Dividend Payment

POLICY NUMBER	DISTRICT/AGENCY	DATE	AMOUNT OF CHECK
21 282 000 A	2200/999	Apr 21, 2004	\$.00
INSURED NAME			
ELMER H BRUNSTING			

ELMER H BRUNSTING
13630 PINEROCK LN
HOUSTON TX 77079-5914

Value(s) Withdrawn:		
Additional Insurance	230.79	
Cash Value of Additional Ins		207.59
Payment(s) to Metropolitan		207.59
Check Amount		.00

The payments to Metropolitan were used as follows: 1 Premium(s) \$207.59 on 21 282 000 A.

For questions or service, please contact your MetLife Account Representative or call 1+800+MET-5000 (1+800+638-5000). Our busiest day is Monday, so it is best to call Tuesday through Friday, if possible.

WITHDRAWAL PAYMENTS

The release of policy values as a result of this transaction may affect the guaranteed value elements, nonguaranteed value elements, face amount or surrender value of the policy from which the values are released.

If you have other policies that require service, please contact us regarding those policies if you have not already done so.

Metropolitan Life Insurance Company

MetLife Data Integrity
PO Box 7000
Johnstown PA 15907-7000

MetLife®

April 12, 2004

ELMER H BRUNSTING
13630 PINEROCK LN
HOUSTON TX 77079-5914

RE: Policy # 21 282 000 A Insured: Elmer H Brunsting

Dear Mr. Brunsting,

Thank you for calling our toll-free number and giving us the opportunity to be of service to you.

The cash surrender value of the above-numbered policy was determined as of March 28, 2004.

Items Payable:

Cash Value of Insurance
Regular Insurance
Additional Insurance

7440.77
444.54

Total Cash Surrender Value	\$7885.31
Face Value of Policy	\$9141.00
Death Benefit as of 03/28/04	\$9635.49
Premium Paid To Date	03/28/04
Premium Amount	\$207.59
Frequency of Payment	Annual
Dividend Option	Additional Insurance

The cash value may be obtained by filling out the enclosed request form and sending the form to your MetLife representative or to the address printed on the back of the form. The enclosed form should be signed by Elmer H Brunsting.

However, we urge you to carefully consider any decision to surrender this insurance. The reasons you bought this insurance may still exist, and new insurance may not be available at as low a cost.

If you request the cash value of this policy, \$8433.77 of the proceeds will be taxable as ordinary income. In general, this amount is based on the cash surrender value available (including any existing loan and interest), less the net premiums paid. As this policy would have a taxable gain upon surrender, be sure to complete the Withholding Election section of the attached form and provide your Social Security Number.

(over)

The cost basis for this policy is \$ 0.00.

As an alternative, you may want to consider taking a loan out on this policy. A loan is available at a fixed interest rate of 5.00%. To determine the loan amount available please contact your local sales office.

For questions or service, about this or any other policies you may have, please contact your MetLife Account Representative or call 1+800+MET-5000 (1+800+638-5000). Our busiest day is Monday, so it is best to call Tuesday through Friday, if possible.

Sincerely,

Martha Doyle

Martha Doyle
Call Center Operations
MetLife Client Services Operations

P4776

BRUNSTING003269

Metropolitan Life Insurance Company

700 QUAKER LANE
PO BOX 336
WARWICK RI 02887

MetLife®

March 11, 2004

ELMER H BRUNSTING
13630 PINEROCK LN
HOUSTON TX 77079-5914

RE: Policy # 21 282 000 A Insured: ELMER H BRUNSTING

Dear Mr. Brunsting,

As requested, we have changed your dividend option so that future dividends purchase paid-up additional insurance.

For questions or service, about this or any other policies you may have, please contact your MetLife Financial Service Representative, or call 1+800+MET-5000 (1+800+638-5000). Our busiest day is Monday, so it is best to call Tuesday through Friday, if possible.

Sincerely,

Michelle White

Michelle White
Dividend Disbursement/Corres Unit
MetLife Client Services Operations

SEARCHED

Michelle

One of the most attractive features of your life insurance policy is that it pays dividends. MetLife shares a portion of its surplus (earnings) with policyholders through the distribution of declared policy dividends. We've paid dividends without interruption since 1915. Each year dividends are credited to your policy provided premiums are paid to the policy's anniversary date.

Here are the dividend options offered by MetLife:

- **Additional Paid-Up Insurance**—You can use your dividends to add to your insurance coverage through the purchase of additional paid-up insurance. Paid-up insurance provides you with more life insurance coverage without having to pay additional out-of-pocket premium payments and without having to take a medical exam. In addition, paid-up insurance has an immediate cash value, which grows on a tax-deferred basis over time. This dividend option is not considered taxable as long as you do not cash in the additional insurance.
- **Dividends with Interest**—You can leave your dividends on deposit the way you do with a savings account. Interest is earned on these funds and the total amount of your Dividend with Interest balance grows over time. Each year we will send you and the Internal Revenue Service an official tax report (1099-INT) showing the taxable interest. Moreover, if dividends under this option plus other policy payments received in cash exceed your investment, **future dividends would be taxable.**
- **Premium Reduction**—You can apply your dividends to pay all or part of your premium.
- **Cash Payments**—You can receive a check for the amount of your dividend.
- **One-Year Term Coverage**—You can use your dividends to purchase one-year term coverage, which can be an inexpensive way to increase your insurance protection. (Not available on all policies.)

Your insurance policy describes your contractual rights and includes complete information regarding the dividend options that are available.

If you wish to change your dividend option, simply contact your local MetLife representative at the telephone number listed on the front of this statement.

MetLife

METROPOLITAN LIFE INS. CO.
10333 RICHMOND AVE S-1050
HOUSTON TX 77042

Questions ?

Contact your MetLife
Representative :
832-251-5400



Sales Office/Agency :

84J/817

Annual Dividend Statement

Anniversary Date
March 28, 2004

#BWNDYSK * * PMFDI
#QDBDJDOOQG///428#
ELMER H BRUNSTING
13630 PINEROCK LN
HOUSTON TX 77079-5914

649-3593

Policy/Contract Number
21 282 000 A

Face Amount of Insurance
\$9,141

Name of Insured/Annuitant

ELMER H BRUNSTING

Plan

WHOLE LIFE

Dividend Summary

Please place this statement with your policy. This is not a bill.

According to the terms and provisions of your policy, you have chosen to have your 2004 dividend pay the premium on your policy. \$207.59 will be used to pay the premium. A check for the excess amount of \$233.92 will be sent to you on or about March 28, 2004.

2004 Dividend:
Less Premium:
Excess Amount:

\$441.51
207.59
233.92

At MetLife, we value your business and look forward to providing you with quality service -- now and in the years ahead.

282-32-8905

See reverse side for a full explanation of your dividend options.

Thank you for insuring with MetLife.

Have you reviewed your settlement options in view of future plans? For more information, contact your MetLife representative.

For questions or service, please contact your MetLife Account Representative or call 1-800-MET-5000 (1-800-638-5000) Our busiest day is Monday, so it is best to call Tuesday through Friday, if possible.

P4779
JV2062.SCRF (02/99)

BRUNSTING003272

Metropolitan Life Insurance Company
700 QUAKER LANE
PO BOX 336
WARWICK RI 02887



April 30, 2004

ELMER H BRUNSTING
13630 PINEROCK LN
HOUSTON TX 77079-5914

RE: Policy # 21 282 000 A Insured: ELMER H BRUNSTING

Dear Mr. Brunsting,

We have received your request for a dividend withdrawal.

The taxable portion of this payment for 2004 is \$233.92. This amount is subject to federal income tax withholding at the rate of ten percent (10%) in the year the payment is made.

You may elect not to have withholding apply. To make an election, please complete the lower portion of this notice. In making your election, please be aware that if you are required to file an estimated tax return under the estimated tax payment rules, you may be subject to penalties. This would occur if your tax payments, in addition to any amounts withheld by us, are not sufficient to satisfy your tax liabilities.

If we are not provided with your election within fifteen days of the date of this letter, we will withhold federal income tax from any taxable portion of your payment.

Sincerely,

Alicia Houle

Alicia Houle
Dividend Disbursement/Corres Unit
MetLife Client Services Operations

Detach Here

*Replied
5/6/04*

P4780

BRUNSTING003273

For the Friends and Clients of



RAYMOND J. KODYSZ
Senior Account Executive - Service from 1972



11757 Katy Freeway #990
Houston, TX 77079
Tel: (713) 556-5800
Fax: (713) 556-1872

P4781

BRUNSTING003274

Please make checks payable to MetLife

ISSUE COPY RECEIPT

Receipt of \$ 50,000 for an application for MELVA BRUNSTING
Annuitant



Metropolitan Life Insurance Company
One Madison Avenue, New York, NY 10010-3690

Title AGT

Branch/District G-11 SPRING BR TX

By R. Kody 7/23/92
Countersignature Date

Nicholas D. Latrenta

Nicholas D. Latrenta
Vice-President and Secretary

PENSIONS+
SAVINGS
CENTER

18000086426 (1191) Printed in U.S.A.

P4782

BRUNSTING003275

THE TRAVELERS INSURANCE COMPANY

COMPANY NAME CHANGE ENDORSEMENT

THE TRAVELERS INSURANCE COMPANY

This Endorsement is made part of and should be attached to your contract, funding agreement or certificate.

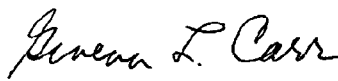
As a result of the acquisition of THE TRAVELERS INSURANCE COMPANY ("Company") by METLIFE, INC. on July 1, 2005, the name of THE TRAVELERS INSURANCE COMPANY will be changed to METLIFE INSURANCE COMPANY OF CONNECTICUT effective May 1, 2006.

All references in your contract, funding agreement or certificate to "THE TRAVELERS INSURANCE COMPANY" are hereby changed effective May 1, 2006 to "METLIFE INSURANCE COMPANY OF CONNECTICUT." No terms, conditions or benefits of your contract, funding agreement or certificate have changed because of this change. METLIFE INSURANCE COMPANY OF CONNECTICUT is responsible for all obligations and commitments that we made under your contract, funding agreement or certificate. Your rights will not be affected by this change.

METLIFE INSURANCE COMPANY OF CONNECTICUT
One City Place
Hartford, Connecticut 06103-3415

Signed for the Company at its offices in Hartford, Connecticut:


C. Robert Henrikson
President


Gwenn L. Carr
Secretary

GK-41500

P4783

BRUNSTING003276



Our local office is located at:
10333 RICHMOND AVE S-1050
HOUSTON TX 77042

☎ 832-251-5400

Please Return to:

METLIFE CUSTOMER SERV. CTR.
P.O. BOX 337
WARWICK RI 02887

ELMER H BRUNSTING
13630 PINEROCK LN
HOUSTON TX 77079-5914

Reply by: March 12, 2007

Dividend Option Change Request

Policy Number 021 282 000 A

Check Here () Yes, please change my dividend option to have dividends used to purchase Additional Insurance.
(Future dividends will not be taxable as long as you do not cash in the Additional Insurance.)

Policyholder's Signature _____

Date _____

Please Complete If You DO NOT Want MetLife to Withhold Federal Income Tax

Policy Number 021 282 000 A
Insured ELMER H BRUNSTING

Social Security Number (SSN) or
Employer Identification Number (EIN)

Please enter SSN or EIN.

Please do not withhold federal income tax from any taxable transaction that involves this policy (this request is void unless my correct Social Security number or Employer Identification number is shown on this form.)

I understand that I can revoke my selection of no withholding with regard to future taxable transactions by sending MetLife a timely signed statement to that effect.

Policyholder's Signature _____

Date _____

HX755C.SCRE(1/04) **R4784**

A C C O U N T S T A T E M E N T

MAX-1sm

For more information
write or call:

Metropolitan Life Insurance Company
Pension and Savings Center
P.O. Box 3668
Little Rock, AR 72203
Tel: 1 - 800 - 638 - 4986

Contract Owner:

NELVA E BRUNSTING
13630 PINEROCK
HOUSTON TX 77079

Contract/Certificate # M9232883
Annuitant NELVA E BRUNSTING
Market Type NON-QUALIFIED
Owner's Social Security # 481-30-4685
Issue Date 07/30/92
Interest Rate 5.50%
Interest Rate Guaranteed Through 07/31/94
Statement Preparation Date 07/28/94
Statement Period 07/30/93-07/30/94

CONTRACT HISTORY (Since Original Purchase)			
ORIGINAL PURCHASE 07/30/92	TOTAL EARNINGS	TOTAL WITHDRAWALS (INCLUDING CHARGES)	ACCUMULATION VALUE 07/30/94
\$50,000.00	\$5,783.85	\$0.00	\$55,783.85

ACTIVITY DURING THIS STATEMENT PERIOD				
BEGINNING BALANCE 07/30/93	TRANSACTION EFFECTIVE DATE	INTEREST EARNINGS	WITHDRAWALS (INCLUDING CHARGES)	ACCUMULATION VALUE 07/30/94
\$52,875.00		\$2,908.85	\$0.00	\$55,783.85

Renewal Interest Rate 5.60%
Interest Rate Start Date 08/01/94
Interest Rate Guaranteed Through 07/31/95

Retirement Value/Death Benefit \$55,783.85
07/30/94 Cash Surrender Value Is \$52,771.52

PLEASE NOTE THIS DOES NOT REFLECT ANY WITHDRAWALS PROCESSED AFTER THIS STATEMENT WAS PREPARED.

IF YOUR ACCOUNT BALANCE ON 07/31/94 IS BELOW \$50,000.00, THE NEXT INTEREST RATE WILL BE 5.35%.

WITH MAX 1, NOT ONLY DO YOU EARN ATTRACTIVE RATES COMBINED WITH THE ADVANTAGES OF TAX DEFERRAL, BUT YOU ALSO ENJOY THE PEACE OF MIND PROVIDED BY THE SAFETY AND SECURITY OF METLIFE. YOUR MAX 1 CAN EVEN BE USED TO PROVIDE YOU WITH A RETIREMENT INCOME. WE HAVE MANY EXCITING OPTIONS FROM WHICH YOU MAY CHOOSE, INCLUDING PAYMENTS THAT YOU CAN NEVER OUTLIVE! YOUR ACCOUNT REPRESENTATIVE WILL BE GLAD TO ANSWER ANY QUESTIONS THAT YOU MAY HAVE.

 **MetLife P4785**
Pension & Savings Center

A C C O U N T S T A T E M E N T

MAX-1sm

For more information write or call:

Metropolitan Life Insurance Company
Retirement & Savings Center
P.O. Box 3668
Little Rock, AR 72203
Tel: 1 - 800 - 638 - 4986

Contract Owner:

NELVA E BRUNSTING
13630 PINEROCK
HOUSTON TX 77079

Contract/Certificate # M9232883
Annuitant NELVA E BRUNSTING
Market Type NON-QUALIFIED
Owner's Social Security # 481-30-4685
Issue Date 07/30/92
Interest Rate 5.60%
Interest Rate Guaranteed Through 07/31/95
Statement Preparation Date 07/31/95
Statement Period 07/30/94-07/30/95

CONTRACT HISTORY (Since Original Purchase)			
ORIGINAL PURCHASE 07/30/92	TOTAL EARNINGS	TOTAL WITHDRAWALS (INCLUDING CHARGES)	ACCUMULATION VALUE 07/30/95
\$50,000.00	\$8,907.44	\$0.00	\$58,907.44

ACTIVITY DURING THIS STATEMENT PERIOD				
BEGINNING BALANCE 07/30/94	TRANSACTION EFFECTIVE DATE	INTEREST EARNINGS	WITHDRAWALS (INCLUDING CHARGES)	ACCUMULATION VALUE 07/30/95
\$55,783.85		\$3,123.59	\$0.00	\$58,907.44

Renewal Interest Rate 5.65%
Interest Rate Start Date 08/01/95
Interest Rate Guaranteed Through 07/31/96

Retirement Value/Death Benefit \$58,907.44
07/30/95 Cash Surrender Value Is \$56,256.60

PLEASE NOTE THIS DOES NOT REFLECT ANY WITHDRAWALS PROCESSED AFTER THIS STATEMENT WAS PREPARED.

IF YOUR ACCOUNT BALANCE ON 07/31/95 IS BELOW \$50,000.00, THE NEXT INTEREST RATE WILL BE 5.40%.

WITH MAX 1, NOT ONLY DO YOU EARN ATTRACTIVE RATES COMBINED WITH THE ADVANTAGES OF TAX DEFERRAL, BUT YOU ALSO ENJOY THE PEACE OF MIND PROVIDED BY THE SAFETY AND SECURITY OF METLIFE. YOUR MAX 1 CAN EVEN BE USED TO PROVIDE YOU WITH A RETIREMENT INCOME. WE HAVE MANY EXCITING OPTIONS FROM WHICH YOU MAY CHOOSE, INCLUDING PAYMENTS THAT YOU CAN NEVER OUTLIVE! YOUR ACCOUNT REPRESENTATIVE WILL BE GLAD TO ANSWER ANY QUESTIONS THAT YOU MAY HAVE.



A C C O U N T S T A T E M E N T

MAX-1sm

For more information
write or call:

Metropolitan Life Insurance Company
Retirement & Savings Center
P.O. Box 3668
Little Rock, AR 72203
Tel: 1 - 800 - 638 - 4986

Contract Owner:

NELVA E BRUNSTING
13630 PINEROCK
HOUSTON TX 77079

Contract/Certificate #	M9232883
Annuitant	NELVA E BRUNSTING
Market Type	NON-QUALIFIED
Owner's Social Security #	481-30-4685
Issue Date	07/30/92
Interest Rate	5.65%
Interest Rate Guaranteed Through	07/31/96
Statement Preparation Date	07/26/96
Statement Period	07/30/95-07/30/96

CONTRACT HISTORY (Since Original Purchase)			
ORIGINAL PURCHASE 07/30/92	TOTAL EARNINGS	TOTAL WITHDRAWALS (INCLUDING CHARGES)	ACCUMULATION VALUE 07/30/96
\$50,000.00	\$12,235.55	\$0.00	\$62,235.55

ACTIVITY DURING THIS STATEMENT PERIOD				
BEGINNING BALANCE 07/30/95	TRANSACTION EFFECTIVE DATE	INTEREST EARNINGS	WITHDRAWALS (INCLUDING CHARGES)	ACCUMULATION VALUE 07/30/96
\$58,907.44		\$3,328.11	\$0.00	\$62,235.55

Renewal Interest Rate	5.75%
Interest Rate Start Date	08/01/96
Interest Rate Guaranteed Through	07/31/97

Retirement Value/Death Benefit	\$62,235.55
07/30/96 Cash Surrender Value Is	\$59,995.07

PLEASE NOTE THIS DOES NOT REFLECT ANY WITHDRAWALS PROCESSED AFTER THIS STATEMENT WAS PREPARED.

IF YOUR ACCOUNT BALANCE ON 07/31/96 IS BELOW \$50,000.00, THE NEXT INTEREST RATE WILL BE 5.50%.

WITH MAX 1, NOT ONLY DO YOU EARN ATTRACTIVE RATES COMBINED WITH THE ADVANTAGES OF TAX DEFERRAL, BUT YOU ALSO ENJOY THE PEACE OF MIND PROVIDED BY THE SAFETY AND SECURITY OF METLIFE. YOUR MAX 1 CAN EVEN BE USED TO PROVIDE YOU WITH A RETIREMENT INCOME. WE HAVE MANY EXCITING OPTIONS FROM WHICH YOU MAY CHOOSE, INCLUDING PAYMENTS THAT YOU CAN NEVER OUTLIVE! YOUR ACCOUNT REPRESENTATIVE WILL BE GLAD TO ANSWER ANY QUESTIONS THAT YOU MAY HAVE.

 **MetLife P4787**
Pension & Savings Center



METROPOLITAN LIFE INS. CO.
 10333 RICHMOND AVE S-1050
 HOUSTON TX 77042

Questions ?

Contact your MetLife
 Representative:



832-251-5400

Sales Office/Agency :

84J/817

Annual Dividend Statement

Anniversary Date
 March 28, 2002

#BWNDYSK * * PMFDI
 #QDBDJDQQQG///428#
 ELMER H BRUNSTING
 13630 PINEROCK LN
 HOUSTON TX 77079-5914

Policy/Contract Number
 21 282 000 A

Face Amount of Insurance
 \$9,141

Name of Insured/Annuitant

ELMER H BRUNSTING

Plan

WHOLE LIFE

Dividend Summary

According to the terms and provisions of your policy, you have chosen to have your 2002 dividend pay the premium on your policy. \$207.59 will be used to pay the premium. A check for the excess amount of \$235.20 will be sent to you on or about March 28, 2002.

2002 Dividend:	\$442.79
Less Premium:	207.59
Excess Amount:	235.20

At MetLife, we value your business and look forward to providing you with quality service -- now and in the years ahead.

Please place this statement with your policy. This is not a bill.

See reverse side for a full explanation of your dividend options.

Thank you for insuring with MetLife.

Is your auto or homeowners insurance expiring? Contact your MetLife representative for a free review. Metropolitan Property and Liability Insurance Company(Warwick, R.I.) is available in most states.

For questions or service, please contact your MetLife Account Representative or call 1-800-MET-5000 (1-800-638-5000). Our busiest day is Monday, so it is best to call Tuesday through Friday, if possible.

P4788
 JY2062.SCRE (02/99)

BRUNSTING003281

One of the most attractive features of your life insurance policy is that it pays dividends. MetLife shares a portion of its surplus (earnings) with policyholders through the distribution of declared policy dividends. We've paid dividends without interruption since 1915. Each year dividends are credited to your policy provided premiums are paid to the policy's anniversary date.

Here are the dividend options offered by MetLife :

- **Additional Paid-Up Insurance**—You can use your dividends to add to your insurance coverage through the purchase of additional paid-up insurance. Paid-up insurance provides you with more life insurance coverage without having to pay additional out-of-pocket premium payments and without having to take a medical exam. In addition, paid-up insurance has an immediate cash value, which grows on a tax-deferred basis over time. This dividend option is not considered taxable as long as you do not cash in the additional insurance.
- **Dividends with Interest**—You can leave your dividends on deposit the way you do with a savings account. Interest is earned on these funds and the total amount of your Dividend with Interest balance grows over time. Each year we will send you and the Internal Revenue Service an official tax report (1099-INT) showing the taxable interest. Moreover, if dividends under this option plus other policy payments received in cash exceed your investment, **future dividends would be taxable.**
- **Premium Reduction**—You can apply your dividends to pay all or part of your premium.
- **Cash Payments**—You can receive a check for the amount of your dividend.
- **One-Year Term Coverage**—You can use your dividends to purchase one-year term coverage, which can be an inexpensive way to increase your insurance protection. (Not available on all policies.)

Your insurance policy describes your contractual rights and includes complete information regarding the dividend options that are available.

If you wish to change your dividend option, simply contact your local MetLife representative at the telephone number listed on the front of this statement.

18000021965 (0593) 01743 (0593) Printed in U.S.A.

Receipt of \$ 6.50 from (Print) Mr. Brunstring
For policy or contract number 6-22 1999 m9238883 is acknowledged with thanks.
Countersignature [Signature] is valid if this receipt must be countersigned by the Company representative who received such payment.
*Sales Office Name and Address 14757 Katy Freeway # 990
Agency 011/878-1 Telephone number 281-336-5800
*The Sales Office Name, Address and Telephone Number must be included on this receipt.



Metropolitan Life Insurance Company
 Metropolitan Insurance and Annuity Company
 Metropolitan Tower Life Insurance Company
One Madison Avenue, New York, NY 10010-3600

[Signature]
Joseph A. Reali
Vice-President and Secretary

Check () type of payment

To Be Applied As Indicated
*Accepted as premium payment provided all prior due premiums have been paid and are not now held provisionally; otherwise, this payment is accepted provisionally, subject to the conditions stated on the back hereof.

- *Personal Life Notice—Premium due _____ 19 _____ Gross premium, \$ _____ Dividend, \$ _____
- *Personal Health—premium due _____ 19 _____ Gross premium, \$ _____ Dividend, \$ _____
- Annuity purchase payment of \$ _____ due _____ 19 _____
- Annuity additional purchase payment of \$ _____
- Loan interest of \$ _____ due _____ 19 _____
- Loan principal repayment of \$ _____
- *Monthly premium of \$ _____ for _____ months, paying premiums to and for the month of _____ 19 _____

Official Receipt
to replace Provisional Receipt
dated _____ 19 _____

Accepted provisionally, for the purpose stated, and held subject to the conditions stated on the back hereof.

Note: If you do not receive an official receipt to replace this provisional receipt, or the amount paid is not returned to you within 30 days, please notify the MetLife® office indicated above.

- Reinstatement of policy. Lapsed for nonpayment of premiums due _____ 19 _____
- For Federal Express fee

P4790

BRUNSTRING003283

Federal law requires Metropolitan to report to the Internal Revenue Service cash payments of \$10,000 or more received in one sum or in a series of related transactions in a 12 month period.

This receipt is subject to the conditions that any check, draft or money order received may be handled for collection in accordance with the practice of the collecting bank or banks, and this receipt shall be void if the full amount of such check, draft or money order is not received by the Company.

Conditions of Provisional Acceptance Referred to on This Receipt: Pending the ascertainment of facts or the accomplishment of acts upon which the Company's acceptance of this payment depends, and the delivery of an official receipt to replace this provisional receipt, the sum paid is held subject to the order of the payer, without obligation or waiver of any rights on the part of the Company. The sum paid will be returned if it is not accepted, or upon the request of the payer at any time before such acceptance.

MetLife Policyholders Only

Privilege of Voting for Directors. An election of Directors of the Company is held at the home office, in New York, on the second Tuesday in April of each year. After one year from the date of issue of any policy or contract referred to on the reverse side of this receipt, the holder of such policy or contract, while it remains in force, will have a right to vote either in person or by mail. Every policyholder will be entitled to one vote only, regardless of the number of policies or contracts held and of their amount. For further information please write to the Secretary, One Madison Avenue, New York, NY 10010-3690.

Nominations for Directors. Section 4210 of the New York Insurance Law requires the Board of Directors to nominate candidates described as the "Administration Ticket," and permits groups of policyholders including contract holders, to make other nominations not less than five months prior to the election.

Refund Acknowledgment (To be completed if a provisional payment is returned)

I acknowledge the return to me of \$ _____ for which the provisional receipt on the reverse side hereof was issued.

Date _____ Payer's Signature _____

MAX-1sm

For more information write or call:

MetLife Customer Service Center
Annuity Unit
P.O. Box 22030
Tulsa, OK 74121-2030
Tel: 1 - 800 - 638 - 4986

Contract Owner:

THE BRUNSTING FAMILY LIVING TRUST DATED 10/10/96, ELMER & NELVA BRUNSTING TRUSTEES TX.77079

Contract/Certificate # M9232883
Annuitant NELVA E BRUNSTING
Market Type NON-QUALIFIED
Owner's Social Security # 481-30-4685
Issue Date 07/30/92
Interest Rate 5.75%
Interest Rate Guaranteed Through 07/31/97
Statement Preparation Date 07/31/97
Statement Period 07/30/96-07/30/97

CONTRACT HISTORY (Since Original Purchase)			
ORIGINAL PURCHASE 07/30/92	TOTAL EARNINGS	TOTAL WITHDRAWALS (INCLUDING CHARGES)	ACCUMULATION VALUE 07/30/97
\$50,000.00	\$15,813.76	\$0.00	\$65,813.76

ACTIVITY DURING THIS STATEMENT PERIOD				
BEGINNING BALANCE 07/30/96	TRANSACTION EFFECTIVE DATE	INTEREST EARNINGS	WITHDRAWALS (INCLUDING CHARGES)	ACCUMULATION VALUE 07/30/97
\$62,235.55		\$3,578.21	\$0.00	\$65,813.76

Renewal Interest Rate 5.80%
Interest Rate Start Date 08/01/97
Interest Rate Guaranteed Through 07/31/98

Retirement Value/Death Benefit \$65,813.76
07/30/97 Cash Surrender Value Is \$64,036.78

PLEASE NOTE THIS DOES NOT REFLECT ANY WITHDRAWALS PROCESSED AFTER THIS STATEMENT WAS PREPARED.

IF YOUR ACCOUNT BALANCE ON 07/31/97 IS BELOW \$50,000.00, THE NEXT INTEREST RATE WILL BE 5.55%.

WITH MAX 1, NOT ONLY DO YOU EARN ATTRACTIVE RATES COMBINED WITH THE ADVANTAGES OF TAX DEFERRAL, BUT YOU ALSO ENJOY THE PEACE OF MIND PROVIDED BY THE SAFETY AND SECURITY OF METLIFE. YOUR MAX 1 CAN EVEN BE USED TO PROVIDE YOU WITH A RETIREMENT INCOME. WE HAVE MANY EXCITING OPTIONS FROM WHICH YOU MAY CHOOSE, INCLUDING PAYMENTS THAT YOU CAN NEVER OBTAIN FROM YOUR ACCOUNT REPRESENTATIVE WILL BE GLAD TO ANSWER ANY QUESTIONS THAT YOU MAY HAVE.

MetLife Retirement & Savings Center
P4792

A C C O U N T S T A T E M E N T

MAX-1sm

For more information
write or call:

MetLife Customer Service Center
Annuity Unit
P.O. Box 22030
Tulsa, OK 74121-2030
Tel: 1 - 800 - 638 - 4986

Contract/Certificate # M9232883
 Annuitant NELVA E BRUNSTING
 Market Type NON-QUALIFIED
 Owner's Social Security # 481-30-4685
 Issue Date 07/30/92
 Interest Rate 5.80%
 Interest Rate Guaranteed Through 07/31/98
 Statement Preparation Date 07/31/98
 Statement Period 07/30/97-07/30/98

Contract Owner:

BRUNSTING FAMILY LIV TRST DTD 10-
10/96 ELMER & NELVA BRUNSTING TRSTE
13630 PINEROCK
HOUSTON TX 77079

*Cashed in
7/30/98 to
Savings Center
house*

CONTRACT HISTORY (Since Original Purchase)			
ORIGINAL PURCHASE 07/30/92	TOTAL EARNINGS	TOTAL WITHDRAWALS (INCLUDING CHARGES)	ACCUMULATION VALUE 07/30/98
\$50,000.00	\$19,630.77	\$0.00	\$69,630.77

ACTIVITY DURING THIS STATEMENT PERIOD				
BEGINNING BALANCE 07/30/97	TRANSACTION EFFECTIVE DATE	INTEREST EARNINGS	WITHDRAWALS (INCLUDING CHARGES)	ACCUMULATION VALUE 07/30/98
\$65,813.76		\$3,817.01	\$0.00	\$69,630.77

Renewal Interest Rate	5.50%	Retirement Value/Death Benefit	\$69,630.77
Interest Rate Start Date	08/01/98	07/30/98 Cash Surrender Value Is	\$68,377.41
Interest Rate Guaranteed Through	07/31/99		

PLEASE NOTE THIS DOES NOT REFLECT ANY WITHDRAWALS PROCESSED AFTER THIS STATEMENT WAS PREPARED.

IF YOUR ACCOUNT BALANCE ON 07/31/98 IS BELOW \$50,000.00, THE NEXT INTEREST RATE WILL BE 5.25%.

WITH MAX 1, NOT ONLY DO YOU EARN ATTRACTIVE RATES COMBINED WITH THE ADVANTAGES OF TAX DEFERRAL, BUT YOU ALSO ENJOY THE PEACE OF MIND PROVIDED BY THE SAFETY AND SECURITY OF METLIFE. YOUR MAX 1 CAN EVEN BE USED TO PROVIDE YOU WITH A RETIREMENT INCOME. WE HAVE MANY EXCITING OPTIONS FROM WHICH YOU MAY CHOOSE, INCLUDING PAYMENTS THAT YOU CAN NEVER OUTLIVE! YOUR ACCOUNT REPRESENTATIVE WILL BE GLAD TO ANSWER ANY QUESTIONS THAT YOU MAY HAVE.

MetLife
Retirement & Savings Center
P4793

FORM F—Use this form to:

- Make a partial withdrawal from Traditional IRA, Roth IRA or Nonqualified Fixed Annuity except Preference Plus® Account or VestMet®
 - Surrender contract for full cash value
- Please see the instructions before completing.

MetLife®

Cancelled June 1999

F1 Entry required for WITH or SURR.

(If any information needs to be updated on MetLife's records, please check (✓ or X) the box(es) next to the correct data.)

<input checked="" type="checkbox"/> Owner's Name (Print First, Middle, Last) <i>NELVA BRUNSTING</i>	<input type="checkbox"/> Social Security/Tax ID# <i>481-30-4685</i>	<input type="checkbox"/> Telephone Number <i>713-464-4391</i>	
<input checked="" type="checkbox"/> Street Address (Include Apt/Floor/PO Box) <i>13630 PINE ROCK</i>	<input checked="" type="checkbox"/> City or Town <i>HOUSTON</i>	<input checked="" type="checkbox"/> State <i>TX.</i>	<input checked="" type="checkbox"/> Zip Code <i>77079</i>
Contract/Certificate Number(s) <i>M 923 288 3</i>	Annuitant(s) if <i>not</i> the Owner(s) <i>Nelva E. Brunsting</i>		

F2 Entry required for WITH. (For Fixed Annuity only, *not* for Preference Plus Account Variable or VestMet Multifunded Annuity.)

Partial Withdrawal—Please send a check for:

- (a) \$ _____ (specify an amount). (b) _____ percent of the total value.
- (c) The *maximum* amount available *without* a withdrawal charge. (d) The entire balance *except* the *minimum* needed to keep my annuity in force.

F3 Entry required for SURR

Nelva E. Brunsting

Full Surrender—

- Please *cancel* my contract/certificate and send a check for its *full* cash withdrawal value.

F4 Entry required for WITH or SURR

Income Tax Information and Withholding Election—

- MetLife is required to withhold 10 percent of the taxable portion of any distribution for Federal income tax unless you elect *not* to have tax withheld.
- Even if you elect not to have Federal income tax withheld, you are liable for any tax on the withdrawal. You may also be subject to tax penalties under estimated tax rules if the withholding amounts or estimated tax payments are not sufficient.
- Some states require us to withhold state income tax when we withhold Federal income tax.
- Taxable withdrawals made before age 59 ½ may be subject to a 10 percent penalty tax (in addition to ordinary income tax) unless the distribution meets a specific exception.
- Withdrawals of amounts attributable to a taxable conversion to a Roth IRA, within five years from the conversion, may be subject to penalty taxes, if you under age 59 ½ unless the distribution meets specific exceptions.

Be sure to make your election here **NO, do not withhold any amount for income taxes.**
 YES, withhold Federal income tax at the rate of 10 percent and any state tax where required.

F5 Entry optional for WITH or SURR

Special Instructions—Please draw the check: Made payable to *SAME AS ABOVE*
 And send it to *SAME AS ABOVE*
 For Account No. _____ To pay premium due ____/____/____ Other _____
Note—Owner's tax obligation on a withdrawal may NOT be altered by MetLife making payment to another party.

F6 Entry required for WITH or SURR

Owner's Signature <i>Nelva E. Brunsting</i>	Date Signed <i>6-21-99</i>	Joint Owner's Signature (if needed) <i>Trustee for Family Trust</i>	Date Signed <i>6/22/99</i>
For MetLife's Internal Use Submitting Sales Office <i>G11 SPILV3 BK. TX.</i>	Servicing Account Representative <i>R. KODYSZ</i>		
	Office <i>G11</i>	Agency <i>878</i>	Index <i>3</i>



IMPORTANT TRUST BENEFICIARY INFORMATION

This brochure contains important information concerning changes that take effect on April 7, 2001 in voting rights of Trust Beneficiaries for Trust Shares and the option to withdraw your shares from the MetLife Policyholder Trust.

Unless you wish to withdraw your shares from the Trust,

NO ACTION IS REQUIRED.

THIS IS NOT A POLICY NOTICE AND DOES NOT AFFECT YOUR POLICY IN ANY WAY.

FAST, SMART AND EASY

Two ways to manage your MetLife Trust Interests or Common Stock holdings from your home or office ANYWHERE, ANYTIME.

1

ON THE INTERNET

If you have Internet access, you can view your MetLife Trust Interests or Common Stock holdings online 24 hours a day, 7 days a week, via Investor ServiceDirectSM
<https://vault.melloninvestor.com/isd>

2

BY PHONE

If you prefer to manage your Trust Interests or Common Stock account by phone, you can reach MetLife Shareholder Services toll-free at 1-800-649-3593. Our automated system is available 24 hours a day, 7 days a week.

660 523

ELMER H BRUNSTING
13630 PINEROCK LN
HOUSTON TX

77079-5914

INVESTOR ID: 806578316055



806578316055

You can access your Trust Interests or Common Stock account on the Internet at <https://vault.melloninvestor.com/isd>

P47981
N7Z998-LL4

MetLife offers investors a choice for secure and convenient access to information whenever it's needed...



BY PHONE

Contact MetLife Shareholder Services toll-free just by dialing **1-800-649-3593**.

ACCESS the INTERNET
for online Trust Interests or
Common Stock account management
<https://vault.melloninvestor.com/isd>

- Check Balances
- Online Certification of Social Security Number
- Sell Shares
- and more

Coming soon:
Online Purchases

You will need your **Social Security Number** or your **Investor ID** located to the right of your address on the previous page to access your information. The automated system will instruct you to **PRESS 1** to use your Investor ID or **PRESS 2** to use your Social Security Number.

When you have made your selection, the system offers a menu of choices, and instructs you, for example, to:

- **PRESS 2** to sell shares
- **PRESS 3, 1** to check balances
- **PRESS 4, 1** to update your address
- **PRESS 3, 3** to certify your Social Security Number

While options may change from time to time, the simple, clear instructions will always allow you to:

- Sell Shares
- Modify a PIN
- Receive Dividend Payment Information
- Retrieve Tax Information on Your Dividend
- Obtain Share Balance Information
- Request a Duplicate Statement
- Change Address or Name
- Transfer Ownership

AUTOMATED SYSTEMS

available 24 hours a day,

7 days a week.

1-800-649-3593 or

<https://vault.melloninvestor.com/isd>

You can continue to reach representatives at METLIFE SHAREHOLDER SERVICES at 1-800-649-3593. They are available weekdays from 8:00 a.m. to 6:30 p.m. Eastern Standard Time.

Notice of Right to Withdraw from the MetLife Policyholder Trust

In accordance with Section 5.4(a) of the MetLife Policyholder Trust Agreement, beginning on April 7, 2001 and lasting until the termination of the Trust, you may elect to withdraw all (but not less than all) of your Trust Shares from the Trust in exchange for all of your Trust Interests. If you make a withdrawal election, your Trust Interests will be reduced to zero and shares of MetLife, Inc. common stock will be issued to you in uncertificated form, subject to applicable law. You will receive a statement reflecting ownership of your uncertificated shares, which will provide a means to transfer the withdrawn shares to a brokerage account or request a stock certificate to be issued to you for these shares. Shares will be issued to you within five business days after receipt of a completed withdrawal election. MetLife, Inc. will pay the fees and expenses related to a share withdrawal. Please use the form below if you choose to make a withdrawal election. Once a withdrawal election has been delivered, it cannot be revoked.

Shares will not be issued in exchange for fractional Trust Shares. Instead, you will be paid an amount in cash equal to the value of the fractional share based on the current market value of a whole share of MetLife, Inc. common stock. The current market value will be equal to the average of the high and low prices during regular trading hours on the trading day immediately preceding the day your withdrawal election is received.

Once you have withdrawn shares of common stock from the Trust, you may no longer participate in the Trust's commission-free Purchase and Sale Program. Under the Program, subject to limitations, you may sell your Trust Interests and receive the proceeds, and, if you own less than 1,000 shares, you may buy more shares of common stock to be held for you in the Trust, all on a commission-free basis. Trust Beneficiaries may vote withdrawn shares of common stock on any matters on which stockholders are entitled to vote.

Changes in Voting Rights of Trust Beneficiaries for Shares Held in the Trust

Special rules and procedures have been established under our demutualization plan to determine how Wilmington Trust Company, the current trustee of the Trust, will vote the Trust Shares on matters put to a vote of the stockholders of MetLife, Inc. In accordance with these rules, the voting rights of Trust Beneficiaries will change on April 7, 2001, the first anniversary of the demutualization. As a Trust Beneficiary, you will continue to be able to instruct the trustee on how to vote the Trust Shares held for you in the Trust on the following matters:

- An election or removal of directors of MetLife, Inc. in which a stockholder has nominated or is opposed to one or more candidates for election as directors of MetLife, Inc., or seeks to remove one or more directors of MetLife, Inc. for cause (but only if that stockholder has met conditions set forth in MetLife, Inc.'s certificate of incorporation, by-laws and the Trust agreement).
- A merger or consolidation, a sale, lease or exchange of all or substantially all of the property or assets of MetLife, Inc., or a recapitalization or dissolution of MetLife, Inc., in each case, if it requires a vote of MetLife, Inc. stockholders under applicable Delaware law.
- Any transaction that would result in an exchange or conversion of the Trust Shares for cash, securities or other property.
- A proposal requiring the board of directors of MetLife, Inc. to amend MetLife, Inc.'s stockholder rights plan or redeem rights under the plan, other than a proposal with respect to which MetLife, Inc. has received advice of nationally-recognized legal counsel to the effect that the proposal is not a proper subject for stockholder action under Delaware law.

Effective April 7, 2001, however, you will no longer be able to instruct the Trustee on how to vote the Trust Shares on the following matters, although you were able to do so until that date:

- Issuance of MetLife, Inc. common stock at a price materially less than the prevailing market price (other than issuance in an underwritten public offering or pursuant to an employee benefit plan) if a vote is required under applicable Delaware law.
- Any matter that requires approval by more than a majority of the outstanding stock of MetLife, Inc. entitled to vote on the matter (which, under MetLife Inc.'s certificate of incorporation and by-laws, would include only an amendment of certain specified sections of the certificate of incorporation and the by-laws; any of those amendments would require approval of holders of at least three-quarters of the outstanding stock of MetLife, Inc. entitled to vote generally in the election of directors).
- An amendment to the certificate of incorporation or by-laws of MetLife, Inc. that is submitted to MetLife, Inc.'s stockholders for approval.

You will be mailed a notice of the outcome of any of these matters that has been approved by the stockholders.

To continue your participation in the Trust, NO ACTION IS REQUIRED.
THIS IS NOT A POLICY NOTICE AND DOES NOT AFFECT YOUR POLICY IN ANY WAY.

DETACH HERE

Withdrawal Election

Instructions:

If you wish to use this Withdrawal Election form, you must use only a black or blue pen to mark the appropriate box, sign exactly as your name appears on the reverse side of this form, and use the enclosed envelope. All owners must sign if the account has more than one owner. When signing as an attorney, executor, administrator, trustee, or guardian, please give title as such.

I wish to have my Trust Interests withdrawn from the Trust and shares of MetLife, Inc. common stock deposited in my account on a book entry (uncertificated) basis. I understand I will receive a check for any fractional shares.

I wish to have my Trust Interests withdrawn from the Trust and a stock certificate issued for my shares of MetLife, Inc. common stock. I understand I will receive a check for any fractional shares.

By signing below I acknowledge that I am relinquishing rights as a Trust Beneficiary under the terms of the MetLife Policyholder Trust, including my rights to participate in the Trust's commission-free Purchase and Sale Program.

Signature Date

Signature of co-owners, if any Date



DETACH HERE

Withdrawal Election

MetLife®

INVESTOR ID: 806578316055

NAME: ELMER H BRUNSTING

SHARE BALANCE: 95.0000
(as of March 2, 2001)

Mellon Investor Services
P. O. Box 3444
South Hackensack, NJ 07606

Use this space to change your address:

001928 59156R10 IR002 BRUNSTINGELMEH0000 4 NOW01

P4798 4

BRUNSTING003291

IMPORTANT! Read Me First!

As you may already know, MetLife is pursuing conversion from a mutual insurance company to a stock insurance company (a process called demutualization) in order to best position the company for long-term growth and increased financial strength. As an eligible MetLife policyholder or annuity contractholder ("policyholder") you are receiving these materials because you are entitled to vote on the demutualization plan. It is very important for you to know that our conversion to a stock insurance company WILL NOT IN ANY WAY DIMINISH your insurance or annuity protection under your MetLife policy or contract.

You will be eligible to receive compensation in the form of stock, cash or policy credits if the demutualization plan becomes effective. To become effective, the demutualization plan must be approved by at least two-thirds of eligible policyholders who vote and by the New York State Superintendent of Insurance following a public hearing on the Plan held by the Superintendent.

Please carefully review all the enclosed materials, complete cards 1-3 and return them in the envelope provided so that we receive them by February 7, 2000. If we do not receive the ballot card (card #2) or form of compensation card (card #3) by that date, your vote or election to receive cash instead of stock will not count.

If you have any questions or need help with any of the materials contained in this package, you may call us toll-free at 1-800-649-3593 or write us at Metlife, c/o ChaseMellon Shareholder Services, Individual Business Correspondence, P.O. Box 4444, South Hackensack, NJ 07606-2044. If you write, please include on any correspondence your investor ID number located in the top right hand corner on your ballot and personalized information cards.

The following checklist outlines all the materials contained in this packet. If any materials are missing, please call the above listed toll-free number:

- Chairman's Letter**
A message from MetLife Chairman and Chief Executive Officer Robert H. Benmosche explaining what MetLife is doing and how it affects you.
- Ballot and Personalized Information Cards – Taxpayer Information Card (card #1), Ballot Card (card #2), Form of Compensation Card (card #3) and Policy Information Card (card #4).** Read both sides of these cards and complete cards 1-3 as indicated.
- Return Envelope (postage paid)**
For you to send the completed and signed cards 1-3.
- Read Me First**
 - **Policyholder Questions & Answers**
Brief answers to the most frequently asked questions about the MetLife demutualization plan. (See pages 2-4 of this booklet.)
 - **Ballot and Personalized Information Cards Instruction Guide**
Instructions on how to complete the ballot and personalized information cards and information about taxpayer identification requirements. (See pages 6-7 and 11-12 of this booklet.)
 - **Important Notices**
Details about the vote on MetLife's demutualization and the New York State Superintendent of Insurance's public hearing on the demutualization plan, as well as a letter from the New York State Insurance Department. (See pages 5 and 8-10 of this booklet.)
- Policyholder Information Booklet Part One**
This booklet contains information about the demutualization and a copy of the demutualization plan.
- Policyholder Information Booklet Part Two**
This booklet contains information about MetLife and its business, including financial statements.



PEANUTS © United Feature Syndicate, Inc.

Policyholder Questions and Answers

Here are answers to the questions frequently asked about MetLife's demutualization. Additional information can be found in the Policyholder Information Booklet included with these materials.

1. Why is MetLife planning to convert from a mutual insurance company to a stock insurance company (a process known as demutualization)?

MetLife's Board of Directors determined that converting to a stock insurance company increases MetLife's potential for long-term growth and financial strength in ways not available to it as a mutual insurance company. The Board believes that, by becoming a stock insurance company, MetLife can raise money more efficiently and have greater flexibility to make acquisitions. The Board also believes that this will enable MetLife to increase its market leadership, financial strength and strategic position, providing additional security to policyholders.

2. How does demutualization affect MetLife policyholders?

Conversion to a stock insurance company will not diminish your insurance or annuity protection under your MetLife policy or contract. In other words, it will not diminish the benefits, values, guarantees or premiums under your MetLife policy or contract, and it will not change dividend eligibility under your policy or contract (if you are currently eligible to receive policy or contract dividends). However, if you receive policy credits (adjustments to policy values) as your compensation in the demutualization you will receive an increase in your policy benefits.

Conversion to a stock insurance company will result in payment of compensation to those policyholders whose policies were in force on September 28, 1999.

3. Can you tell me more about the compensation I will receive?

If your policy or contract with MetLife was in force on September 28, 1999 you will be eligible to receive compensation if the demutualization plan takes effect. Compensation will be made in the form of common stock of MetLife, Inc. (the new holding company of MetLife), cash, or policy credits. At a minimum, you will receive an allocation of 10 shares of common stock or an equivalent amount of cash or policy credits. If you receive cash or policy credits, the amount of your compensation generally will be equal to the number of shares allocated to you multiplied by the IPO price per share. (For further explanation about the IPO, please see Question 4.)

- Policyholders who are to receive shares of MetLife, Inc. common stock will be mailed a notice of their total number of shares of stock at least 14 days prior to the IPO. All other eligible policyholders will receive cash or notice of their policy credit compensation within 60 days following the IPO.
- On or after January 30, 2000, you can inquire about the total number of shares allocated to you by calling MetLife at 1-800-649-3593.

(For further explanation about the compensation you will receive, please see Policyholder Information Booklet Part One, pages 18-25.)

4. What happens before and during the demutualization?

The most important events that must take place are:

- The demutualization plan must be adopted by the Board of Directors. This occurred on September 28, 1999.
- The demutualization plan must be submitted to a vote of eligible policyholders like you. Two-thirds of those policyholders that cast a vote must indicate Yes in order for the Plan to be approved. (No minimum number of votes is required for the results to be valid.)

P4800

- The New York State Superintendent of Insurance must approve the demutualization plan, but only after he conducts a public hearing on the Plan. Details about the public hearing are included in this document.

Assuming approval by both policyholders and the Superintendent:

- MetLife's demutualization will become effective upon the completion of the initial public offering (IPO) of the common stock of the new holding company, MetLife, Inc. The IPO must take place within 12 months after the Superintendent's approval of the Plan unless this period is extended by MetLife with the approval of the Superintendent. Concurrently with the IPO, MetLife may raise additional capital by selling other capital instruments as described in the Plan. (Please see Policyholder Information Booklet Part One, pages 35-40.)
- When the demutualization takes effect, eligible policyholders will be entitled to compensation in the form of common stock of MetLife, Inc., cash or policy credits in exchange for their MetLife membership rights (which include the right to vote and to participate in any distribution of surplus if MetLife is liquidated), which will be extinguished. Policyholders receiving stock will have their stock transferred to the MetLife Policyholder Trust and held for their benefit. (For further explanation of the Policyholder Trust, please see Question 5 and Policyholder Information Booklet Part One, pages 25-34.)

5. Why does MetLife's demutualization utilize a policyholder trust?

MetLife projects that its initial shareholder base may exceed 10 million – several times greater than that of today's largest publicly held companies. The company proposes to establish a MetLife Policyholder Trust to enable the efficient and orderly administration of stockholder accounts and in order to reduce costs related to such an unprecedented large number of shareholders. If you are to receive shares of stock as compensation, your shares will be placed in the Trust and you will be a beneficiary of the Trust. The Trust will hold the shares on your behalf.

6. If my stock is held in the Trust, will I be able to sell or obtain my stock in the future?

Yes. If you leave your stock in the Trust after the IPO, you may sell that stock at the prevailing market price at any time beginning shortly after the IPO on a commission-free basis, subject to certain restrictions, through MetLife's Purchase and Sale Program. You will receive additional information regarding this Program, including any selling restrictions, prior to the IPO. Starting with the first anniversary after the IPO, you may also withdraw your shares, but once you withdraw your shares from the Trust you will no longer be eligible for the commission-free Purchase and Sale Program. (For further explanation about the Purchase and Sale Program, please see Policyholder Information Booklet Part One, pages 27-29.)

7. Is there a program for purchasing additional shares on a commission-free basis?

Yes. Policyholders whose stock is held in the Trust will be able to purchase additional shares on a commission-free basis beginning 90 days after the IPO through the Purchase and Sale Program, provided that their total holdings do not exceed 1,000 shares. (For further explanation about the Purchase and Sale Program, please see Policyholder Information Booklet Part One, pages 27-29.)

8. Will there be tax consequences of receiving stock, or cash or policy credits?

In general, if you receive shares of stock held for your benefit in the Policyholder Trust you will not be taxed. You will be taxed when you sell your shares. Generally, if you receive cash in the demutualization, you will be taxed on the full amount you receive, usually in the year you receive it. If you receive policy credits, you will not be taxed. However, the amount you are ultimately paid on your policy will be taxable when you receive it in accordance with the rules governing

distribution of benefits under your policy. For definitive answers for your personal situation, we urge you to consult your tax advisor. (For further explanation about tax consequences, please see Policyholder Information Booklet Part One, pages 51-56.)

9. How will MetLife be structured after the demutualization?

Upon conversion, the ownership of MetLife will be transferred to our newly formed holding company, MetLife, Inc. In other words, MetLife will become a wholly owned subsidiary of the holding company. At the time of the IPO, the shareholders of MetLife, Inc. will consist of the Trust, which will hold shares of stock on behalf of the Trust beneficiaries, and investors who purchase stock at the IPO. Following the IPO, others may purchase shares of MetLife, Inc. stock. MetLife, Inc. stock will be traded on a major stock exchange.

10. If I prefer to receive cash instead of stock at the time of the IPO, how do I communicate my choice?

Policyholders who are eligible to receive stock may elect to receive cash instead. To do this, you must mark the "elect cash" box on the enclosed form of compensation card (card #3), sign the card and place it in the enclosed postage-paid envelope along with cards #1 and #2. Cards #2 and #3 must be received by 4:00 p.m. (EST) on February 7, 2000. Please note that all instructions are on the card. If you do not mark the "elect cash" box or if your election is not received by the deadline, your shares will be held for you in the Trust.

11. Will MetLife management become entitled to receive compensation as a result of the demutualization?

The officers, directors and employees of MetLife and its affiliates will not receive stock or cash compensation at the time of the demutualization other than what they may receive as eligible policyholders of MetLife. In the future, MetLife intends to provide stock-based compensation, including stock options, to officers, directors and employees as part of their annual compensation and to provide grants of stock to non-employee directors in lieu of certain directors' fees. Officers, directors and employees may not receive stock options or grants for one year after the demutualization and may not sell the stock or exercise the stock options until two years after the demutualization. (For further information, please see Policyholder Information Booklet Part One, pages 40-44.)

12. How long will it take before MetLife will conduct an IPO?

We currently expect that the IPO will take place within the first quarter of next year. The actual timing will be based upon prevailing conditions in the stock market, but will be within 12 months of the New York State Superintendent of Insurance's approval of the Plan, unless this period is extended by MetLife with the approval of the Superintendent. Until the IPO, MetLife will continue to operate as mutual insurance company.

13. How can eligible policyholders vote?

You can vote by mail by marking your ballot card (card #2) Yes or No, signing it and placing it in the enclosed postage-paid envelope, along with card #1. Mark and return card #3 if you want to elect to receive cash instead of stock. Cards #2 and #3 must be received by 4:00 p.m. (EST), on February 7, 2000. If you prefer to vote in person, you may come to MetLife headquarters, One Madison Avenue (entrance on Park Avenue South between 23rd and 24th Streets), 1st Floor, New York, NY 10010 and cast your ballot between 10:00 a.m. and 4:00 p.m. (EST), on February 7, 2000.

14. What happens if the Plan is not approved by policyholders or the Superintendent?

In that case, MetLife will remain a mutual insurance company and no compensation will be paid.

**Metropolitan Life Insurance Company
One Madison Avenue
New York, New York 10010**

**NOTICE OF A SPECIAL VOTE OF POLICYHOLDERS
ON A PROPOSAL TO APPROVE THE PLAN OF REORGANIZATION TO
CONVERT FROM A MUTUAL INSURANCE COMPANY TO A STOCK INSURANCE COMPANY**

As an eligible policyholder of Metropolitan Life Insurance Company (MetLife), a New York mutual life insurance company, you are being asked to vote on a proposal to approve the Plan of Reorganization adopted by the Board of Directors of MetLife on September 28, 1999 and as amended by amendment adopted on November 16, 1999. In order for the Plan to be approved, at least two-thirds of the votes validly cast by eligible policyholders must be in favor of the Plan. You may cast your vote in person at MetLife or return your ballot by mail using the postage-paid envelope enclosed. You may vote in person at the offices of MetLife:

Place: MetLife
One Madison Avenue, 1st Floor
New York, NY

Date: February 7, 2000

Time: 10:00 a.m. to 4:00 p.m. (EST)

A ballot for you to cast your vote is enclosed. You are entitled to only one vote regardless of the number or size of the policies you own. Be sure to mark your ballot with a vote Yes (FOR the Plan), or No (AGAINST the Plan).

Please vote, sign and date the enclosed ballot card (card #2) and mail it to MetLife in the enclosed postage-paid envelope as soon as possible. You must either vote in person or mail the ballot card (card #2) to us so that we receive it by 4:00 p.m. (EST) February 7, 2000 in order for your vote to count.

Please verify your Social Security Number or Taxpayer Identification Number (TIN) printed on the Taxpayer Identification Card (card #1). If the number is missing or incorrect, please write the correct number on the Taxpayer Identification Card. If MetLife does not have the correct number on its records, MetLife may be required by law to deduct withholding taxes on amounts paid to you. Even if your TIN is correct, sign the certification and return the card to us.

If you have received more than one copy of these materials please call the MetLife Demutualization Information Center toll free at 1-800-649-3593. We ask that you sign and return all the required cards in a single envelope.

You may authorize someone else to cast your ballot by using a proxy form. Proxy forms and substitute or duplicate ballot forms are available by calling 1-800-649-3593 (toll-free) or by writing to MetLife, c/o ChaseMellon Shareholder Services, Individual Business Correspondence, P.O. Box 4444, South Hackensack, NJ 07606-2044. The proxy agent's completed ballot and the proxy form must be mailed to us so that we receive it by 4:00 p.m. (EST) February 7, 2000 in order for your vote to count.

Ballot and Personalized Information Cards Instruction Guide

Instructions for completing the enclosed four-part form which contains a section for taxpayer identification (card #1), ballot (card #2), form of compensation (card #3) and policyholder information (card #4). Read both sides of the form and complete it as indicated.

1

Investor ID: This number represents your "investor account number" for purposes of the vote and payment of compensation.

2

Taxpayer Identification Number: Taxpayer Identification Number is your Social Security Number (or Employer Identification Number if the policyholder is a trust, corporation or other entity). If your taxpayer identification number is missing or incorrect, write the correct number here and fill in the boxes in ink corresponding to the numbers you have indicated in each box. If the number is correct, please still sign and return the card. In either case, please read the certification information before signing. (Please see pages 11 and 12 of this document for further taxpayer identification information.)

TAXPAYER IDENTIFICATION CARD (Card #1) - Front

Substitute Form W-9

Please complete this card correctly and return to us (i) to confirm or complete your taxpayer identification number and (ii) to make a certification concerning backup withholding. If you do not do so, you may be subject to a 35% IRS penalty and we may be required to withhold and pay to the IRS 31% of any cash payment to which you may be entitled.

Investor ID **1**

U.S. TAXPAYER IDENTIFICATION NUMBER	<div style="text-align: right;">2</div> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>																																																																																																																																																																																																																																				

Note: If the number shown to the left is incorrect or missing, please print clearly the correct number in the boxes indicated by the black arrow. Then fill in completely the corresponding boxes in black or blue ink.

3

SIGNATURE _____ DATE _____

Please sign exactly as your name appears to the left. When signing as attorney, executor, administrator, trustee or guardian, please give full title as such.
Please mark, sign, date and mail this card promptly, using the enclosed envelope.

3

Sign and date where indicated, complete and return the card(s) in the enclosed postage-paid envelope. If the policy or contract has more than one owner, all owners must sign the form of compensation and ballot cards.

4

The form of compensation you are eligible to receive is shown on Card #4. If you are eligible to receive Common Stock, you may elect cash instead of Common Stock by marking an "x" in the box on Card #3. If you do not elect cash, you will become a beneficiary of the Trust that will hold your stock. If you are not eligible to receive stock, you may not elect another form of compensation, and a statement to that effect will appear in the lower left hand section of the card. Please read the information on the card and follow the instructions. Certain large institutional policyholders who are eligible to elect cash and to receive more than 25,000 shares of Common Stock may be subject to restrictions on receiving cash above the value of 25,000 shares of Common Stock.

FORM OF COMPENSATION (Card #3) - Front

MetLife

Investor ID **1**

4

Check here if you elect to receive cash.

At the effective time of the Reorganization, all Policyholders receiving Common Stock will become Beneficiaries of the Trust that will hold these shares.

- Place an X in the box to the left if you elect to receive cash for your Common Stock, valued at the price at which the Common Stock is sold to the public in the initial public offering, in certain circumstances. Policyholders that are allocated more than 25,000 shares may not receive cash for all of their shares. See the reverse side of this card for details.
- If you leave this box blank, you will receive Common Stock instead of cash, and you will become a Beneficiary of the Trust and have your Common Stock held by the Trust.

If you do not elect to receive cash or do not return this card, you will receive Common Stock and become a Beneficiary of the Trust.

3

SIGNATURE(S) _____ DATE _____

Please sign exactly as your name appears to the left. When signing as attorney, executor, administrator, trustee or guardian, please give full title as such.
If the policy or contract has more than one owner, all owners are required to sign.
Please mark, sign, date and mail this card promptly, using the enclosed envelope.

MetLife's conversion to a stock insurance company will not in any way diminish your policy's benefits, values or guarantees.

Please return the card(s) in the enclosed postage-paid envelope. DO NOT INCLUDE ANY OTHER CORRESPONDENCE.

BALLOT CARD (Card #2) – Front

MetLife Investor ID _____

Yes, I Vote FOR the Plan

5 No, I Vote AGAINST the Plan

Proposal: To approve the Plan of Reorganization (the "Plan") of Metropolitan Life Insurance Company ("MetLife") to convert from a mutual to a stock company and the transactions contemplated thereby. The Board of Directors of MetLife has approved the Plan. The Board of Directors of MetLife recommends that you vote YES (FOR the Plan). Please vote by placing an "X" in ONE of the boxes to the left and sign your name at the bottom of this card. You must place an "X" in one, and only one, of the boxes for your vote to be counted.

2

3 SIGNATURE(S) _____ DATE _____

Please sign exactly as your name appears to the left. When signing as attorney, executor, administrator, trustee or guardian, please give full title as such. If the policy or contract has more than one owner, all owners are required to sign. Please mark, sign, date and mail this card promptly, using the enclosed envelope.

6 Please use this space for address correction _____

5 Mark an "X" in one of the boxes to vote Yes (FOR the Plan) or No (AGAINST the Plan). A ballot with both boxes marked or neither box marked will not be counted.

6 Indicate a name or address correction. Write changes on this card in the space provided.

7 This card shows your eligible policy number(s) according to our records and the corresponding form of compensation to which you are entitled. If you believe the information contained on this card is inaccurate or incomplete, please call: 1-800-649-3593. For each policy shown, if you are required to receive policy credits as compensation with respect to that policy, a "P" will appear to the right of the policy number; if you are required to receive cash, a "C" will appear; and if you are eligible to receive stock no indicator will appear. (Please see "Compensation for Policyholders" in Policyholder Information Booklet Part One, pages 18-25.)

POLICY INFORMATION CARD (Card #4) – Front

MetLife Investor ID _____

If the information is inaccurate or incomplete, or if you have any questions please call 1-800-649-3593

Please retain for your records. Do NOT return this section of the card to us.

7 Eligible Policy Number(s) _____ Eligible Policy Number(s) _____ Eligible Policy Number(s) _____

4

PLEASE READ THE IMPORTANT INFORMATION ON THE BACK OF THIS FORM.

Please read Policyholder Information Booklet Part One for important information about MetLife's plan to convert to a stock insurance company.

**Metropolitan Life Insurance Company
One Madison Avenue
New York, New York 10010**

**NOTICE OF PUBLIC HEARING
ON PLAN OF REORGANIZATION
TO CONVERT FROM A MUTUAL INSURANCE COMPANY TO A STOCK INSURANCE COMPANY**

The Superintendent of Insurance of the State of New York has scheduled a public hearing to consider the Plan of Reorganization adopted by the Board of Directors of Metropolitan Life Insurance Company (MetLife) on September 28, 1999 and as amended by amendment adopted on November 16, 1999.

THE PUBLIC HEARING WILL BE HELD AT THE GRAND HYATT NEW YORK, PARK AVENUE AT GRAND CENTRAL (AT EAST 42ND STREET), IN THE EMPIRE STATE BALLROOM, NEW YORK, NEW YORK, BEGINNING AT 10:00 A.M. (EST) ON JANUARY 24, 2000.

You will find a description of the Plan, as well as a copy of the Plan and the MetLife Policyholder Trust, and a summary of the Plan's exhibits and schedules, in the enclosed Policyholder Information Booklet Parts One and Two. In addition, until the date the New York Superintendent acts to approve or disapprove the Plan, complete copies of the Plan and the MetLife Policyholder Trust, including all of the Plan's exhibits and schedules, will be available for any policyholder and the general public to examine or obtain at the offices of MetLife, One Madison Avenue, 1st Floor, New York, New York, between 9:00 a.m. and 4:00 p.m. Monday through Friday, except days on which MetLife is closed for business. All documents and exhibits will also be available on MetLife's internet website, www.metlife.com.

The New York State Superintendent of Insurance is required by law to hold this public hearing on:

- the fairness of the terms and conditions of the Plan.
- the reasons and purposes for the reorganization.
- whether the reorganization is in the interest of MetLife and its policyholders and not detrimental to the public.

The Plan cannot become effective without the New York State Superintendent's approval. The New York Insurance Law requires the New York State Superintendent to approve the Plan if he finds that, after giving effect to the reorganization, MetLife will have an amount of capital and surplus that he deems to be reasonably necessary for its future solvency, and that the reorganization in whole and in part:

- does not violate the New York Insurance Law.
- is fair and equitable to policyholders.
- is not detrimental to the public.

The New York State Superintendent must approve or disapprove the Plan on or before 60 days after the close of the public hearing record.

If you would like to submit a written statement concerning the Plan to the New York State Superintendent, you may do so by mailing it to the attention of Ms. Ellen Wenz, New York State Insurance Department, Life Bureau, 25 Beaver Street, 3rd Floor, New York, NY 10004-2319. If you would like to make an oral statement at the public hearing, you should register with Ms. Ellen Wenz by writing to her at the address above or calling her at (212) 480-5262 by January 20, 2000.

The location of the public hearing is reasonably accessible to people who are in wheelchairs or have trouble walking. In accordance with the Americans with Disabilities Act, the New York State Insurance Department will provide a reasonable accommodation, such as a sign language interpreter, a qualified reader, etc., at no charge to any covered individual wishing to attend or testify at the hearing when such a request is made at least seven days before the hearing. Please submit a written request to Ms. Ellen Wenz at the address above by January 17, 2000.



**STATE OF NEW YORK
INSURANCE DEPARTMENT
25 BEAVER STREET
NEW YORK, NY 10004-2319**

Dear MetLife Policyholder:

This letter is accompanying the material being sent to you by Metropolitan Life Insurance Company ("MetLife") in accordance with Section 7312 of the New York Insurance Law. The purpose of this letter is to describe the role of the New York State Insurance Department ("Department") and provide further information on your participation in MetLife's Plan of Reorganization ("Plan") to convert from a mutual insurance company to a stock insurance company, a process called "demutualization".

The Board of Directors of MetLife adopted the Plan on September 28, 1999 and adopted amendments to the Plan on November 16, 1999, and submitted it to the Superintendent of Insurance of the State of New York ("Superintendent") on November 23, 1999, along with a finding by the Board that the Plan is fair and equitable to policyholders. Before the Plan, as amended, may become effective, it must be approved by MetLife's policyholders and the Superintendent.

The material being sent to you by MetLife contains important information with respect to MetLife's Plan, as well as a ballot for your use in voting on this important matter. The material also indicates why the management of MetLife believes that the conversion as described in the Plan is in the best interest of MetLife and its policyholders.

A copy of the Plan and Trust Agreement and a summary of the other Exhibits and Schedules to the Plan have been prepared by MetLife and are included in the material being sent to you. The summary of the Exhibits and Schedules to the Plan has been prepared by MetLife and approved by the Superintendent in accordance with the statute, as being a fair and accurate summary of such Exhibits and Schedules to the Plan. It should be understood that the receipt of the Plan by the Superintendent, the approval of the summary of the Exhibits and Schedules to the Plan and this letter do not constitute an endorsement of the Plan by the Superintendent or the Department, or any indication as to how you should vote, or any indication as to how the Superintendent will act upon the Plan.

The Plan will not become effective unless it receives the affirmative vote of two thirds (2/3) of all policyholders who vote. You may vote either by mailing the ballot enclosed with this mailing, by proxy, or by appearing in person at the home office of MetLife, One Madison Avenue, New York, New York, on the 1st floor, on February 7, 2000 between the hours of 10:00 a.m. and 4:00 p.m. If you wish to vote by mail, your ballot or proxy must be received by 4:00 p.m. on that date.

The Superintendent has adopted rules for the conduct of voting on the proposal to approve the Plan. These rules include, among other things, rules on the balloting process, policyholder communications and policyholder representative groups. Copies of these rules may be obtained by writing to MetLife, c/o ChaseMellon Shareholder Services, Individual Business Correspondence, P.O. Box 4444, South Hackensack, New Jersey 07606-2044 or calling 1-800-649-3593.

If you support or oppose the Plan and wish to persuade other policyholders to vote for or against the adoption of the Plan, you may at your own expense contact other policyholders. It should be understood that MetLife will not release its list of policyholders and the Department will not require MetLife to do so. However, MetLife has agreed to mail, or cause to be mailed, your material to all policyholders or certain segments of policyholders you designate, if the selection will not require MetLife to make any modifications to its list. You will be required to pay the actual costs for such services at the rate paid or allocated by MetLife. If you wish to utilize the mailing list and facilities of MetLife for such a solicitation, you must furnish a copy of the material to the Department at least ten (10) days prior to its intended mailing date. The material is not subject to review by MetLife, but this Department will not require MetLife to send any material that is, in the opinion of this Department, misleading.

Any policyholder eligible to vote may formally apply to the Superintendent for recognition as a Policyholder Representative. Once recognized as such by the Superintendent, any such Policyholder Representative or his or her approved designee shall be entitled to be present during the process of receipt, verification and tabulation of the ballots or proxies, but only for that part of such process occurring after recognition by the Superintendent, and to examine and object to any ballot or proxy. The Superintendent, in order to assure the orderly, prompt, and accurate tabulation of the ballots, reserves the right to limit the number of such representatives and to adopt reasonable procedures for the review process. Any such Policyholder Representative will have no other rights or entitlements under the New York Insurance Law with respect to the vote.

[REDACTED]

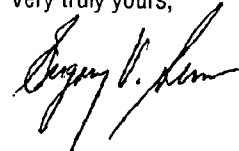
The public hearing required by statute will be held at the facilities of the Grand Hyatt New York, Park Avenue at Grand Central (at East 42nd Street), New York, New York, and will begin on January 24, 2000 in the Empire State Ballroom at 10:00 a.m. and may continue to subsequent dates to accommodate those who wish to be heard. While all those who wish to testify may do so, the Superintendent may, in order to accommodate all interested parties, limit the amount of time that any individual or group may speak. Accordingly, you should bring copies of your presentation to the hearing and be prepared to summarize your position in your testimony. In addition, if you are unable to or do not wish to attend the hearing, you may submit a written statement. In order for your statement to be included in the hearing record, it must be received prior to the close of the hearing. Since at this time we cannot predict the exact date the hearing will close, we suggest that any written statement be received by the Superintendent no later than February 7, 2000.

The Superintendent must approve or disapprove the Plan on or before 60 days from the close of the public hearing record. In determining whether to approve the Plan, the Superintendent must consider whether the Plan, in whole or in part, does not violate the New York Insurance Law, is fair and equitable to the policyholders and is not detrimental to the public and that, after giving effect to the reorganization, the reorganized insurer will have an amount of capital and surplus the Superintendent deems to be reasonably necessary for its future solvency. We are confident that the voting process and the public hearing will aid the Superintendent in reaching a decision.

Any correspondence with respect to this matter or any requests for additional information, including requests for participation in the balloting process as a Policyholder Representative, should be addressed to the Life Bureau, New York State Insurance Department, 25 Beaver Street, New York, New York 10004.

If you wish to testify at the hearing, please notify the Office of Public Affairs at the same address by January 20, 2000. Submission of written testimony should also be sent to Ms. Ellen Wenz at the above address.

Very truly yours,



Gregory V. Serio
First Deputy Superintendent

TAXPAYER IDENTIFICATION INFORMATION

Purpose of Form.—A person who is required to file an information return with the IRS must get your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 to give your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify the TIN you are giving is correct (or you are waiting for a number to be issued).
2. Certify you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are an exempt payee.

What Is Backup Withholding?—Persons making certain payments to you must withhold and pay to the IRS 31% of such payments under certain conditions. This is called "backup withholding." Payments that may be subject to backup withholding include interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

If you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return, payments you receive will not be subject to backup withholding. Payments you receive will be subject to backup withholding if:

1. You do not furnish your TIN to the requester, or
2. The IRS tells the requester that you furnished an incorrect TIN, or
3. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or
4. You do not certify to the requester that you are not subject to backup withholding under 3 above, or
5. You do not certify your TIN when required. See the Part III instructions on page 2 for details.

Certain payees and payments are exempt from backup withholding. See the Part II instructions and the separate **Instructions for the Requester of Form W-9**.

Specific Instructions

Name—If you are an individual, you must generally enter the name shown on

your social security card. However, if you have changed your last name, for instance, due to marriage, without informing the Social Security Administration of the name change, enter your first name, the last name shown on your social security card, and your new last name.

If the account is in joint names, list first and then circle the name of the person or entity whose number you enter in Part I of the form.

Sole Proprietor.—You must enter your **individual** name as shown on your social security card. You may enter your business, trade, or "doing business as" name on the **business name** line.

Other Entities.—Enter the business name as shown on required Federal tax documents. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or "doing business as" name on the business name line.

Part I—Taxpayer Identification Number (TIN)

You must enter your TIN in the appropriate box. If you are a resident alien and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see **How To Get a TIN** below.

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN. However, using your EIN may result in unnecessary notices to the requester.

Note: See the chart on the next page for further clarification of name and TIN combinations.

How to Get a TIN.—If you do not have a TIN, apply for one immediately. To apply for an SSN, get **Form SS-5** from your local Social Security Administration office. Get **Form W-7** to apply for an ITIN or **Form SS-4** to apply for an EIN. You can get Forms W-7 and SS-4 from the IRS by calling 1-800-TAX-FORM (1-800-829-3676).

If you do not have a TIN, write "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, you will generally have 60 days to get a TIN and give it to the requester. Other payments are subject to backup withholding.

Note: Writing "Applied For" means that you have already applied for a TIN **OR** that you intend to apply for one soon.

Part II—For Payees Exempt From Backup Withholding

Individuals (including sole proprietors) are **not** exempt from backup withholding. Corporations are exempt from backup withholding for certain payments, such as interest and dividends. For more information on exempt payees, see the separate instructions for the Requester of Form W-9.

If you are exempt from backup withholding, you should still complete this form to avoid possible erroneous backup withholding. Enter your correct TIN in Part I, write "Exempt" in Part II, and sign and date the form.

If you are a nonresident, alien or a foreign entity not subject to backup withholding, give the requester a completed **Form W-8**, Certificate of Foreign Status.

Part III—Certification

For a joint account, only the person whose TIN is shown in Part I should sign (when required).

Interest, Dividend, Broker, and Barter Exchange Accounts Opened After 1983. You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.

Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to give your correct TIN to persons who must file information returns with the IRS to report interest, dividends, and certain other income paid to you, mortgage interest you paid, the acquisition or abandonment of secured property, cancellation of debt or contributions you made to an IRA. The IRS uses the numbers for identification purposes and to help verify the accuracy of your tax return. The IRS may also provide this information to the Department of Justice for civil and criminal litigation and to cities, states, and the District of Columbia to carry out their tax laws.

You must provide your TIN whether or not you are required to file a tax return. Payers must generally withhold 31% of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to a payer. Certain penalties may also apply.

GUIDELINES FOR CERTIFICATION OF TAXPAYER IDENTIFICATION NUMBER ON SUBSTITUTE FORM W-9

Guidelines for Determining the Proper Identification Number to Give the Payer—Social Security numbers have nine digits separated by two hyphens: i.e. 000-00-0000. Employer identification numbers have nine digits separated by only one hyphen: i.e. 00-0000000. The table below will help determine the number to give the Payer.

For this type of account:	Give the name and SOCIAL SECURITY number of—	For this type of account:	Give the name and EMPLOYEE IDENTIFICATION number of—
1. Individual	The individual	6. Sole proprietorship	The owner(3)
2. Two or more individuals (joint account)	The actual owner of account or, if the combined funds, the first individual on the account(1)	7. A valid trust, estate or pension trust	The legal entity (Do not furnish the identifying number of the personal representative or trustee unless the legal entity itself is not designated in the account title.)(4)
3. Custodian account of a minor (Uniform Gift to Minors Act)	The minor(2)	8. Corporate	The corporation
4. a. The usual revocable savings trust (grantor is also trustee)	The grantor trustee(1)	9. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
b. So-called trust account that is not legal or valid trust under state law	The actual owner(1)	10. Partnership	The partnership
5. Sole proprietorship	The owner(3)	11. A broker or registered nominee	The broker or nominee
		12. Account with the Department of Agriculture in the name of a public entity (such as a State or local government, school district, or prison) that receives agricultural program payments.	The public entity

- (1) List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.
- (2) Circle the minor's name and furnish the minor's social security number.
- (3) You must show your individual name, but you may also enter your business or "doing business as" name. You may use either your social security number or employment identification number (if you have one).
- (4) List first and circle the name of the legal trust, estate or pension trust.

NOTE: If no name is circled when there is more than one name, the number will be considered to be that of the first name listed.



MetLife®

Metropolitan Life Insurance Company
One Madison Avenue, New York, NY 10010-3690



Dear Trust Participant:

The Financial Services Modernization Act, recently enacted by Congress, has brought a number of changes to the financial services industry. One result of that legislation is that financial institutions like MetLife are required to tell their customers how the institution treats information it maintains about them.

Because many of you are current customers of Metropolitan Life Insurance Company, we are using this mailing to provide you with information about our customer privacy policy. If you **are** a customer, we would encourage you to review the information on the reverse side of this letter. While no response to this customer privacy notice is required, you may have questions or comments about our privacy policy and information practices after you have read the notice. If so, you can contact us at our website, www.metlife.com, or write to us at MetLife, PO Box 489, Warwick, RI 02887-9954.

MetLife has been in business for over 130 years and our customers have always been our foremost priority. Over this time, millions of people have entrusted us with personal financial information so that we could help them build a solid foundation for their financial security.

Our commitment to protecting customer privacy is not new. We will continue to safeguard our customers' privacy and the confidentiality of the information they provide to us.

P4811

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THIS NOTICE IS FOR YOUR INFORMATION. NO RESPONSE IS REQUIRED.

Privacy Notice To Our Customers

MetLife®

Metropolitan Life Insurance Company (“MetLife”) and each member of the MetLife family of companies (an “Affiliate”) strongly believe in protecting the confidentiality and security of information we collect about you. This notice refers to MetLife by using the terms “us,” “we,” or “our.” This notice describes our privacy policy and describes how we treat the information we receive (“Information”) about you.

Why We Collect and How We Use Information: We collect and use Information for business purposes with respect to our insurance and other business relationships involving you. These business purposes include evaluating a request for our insurance or other products or services, evaluating benefit claims, administering our products or services, and processing transactions requested by you. We may also use Information to offer you other products or services we provide.

How We Collect Information: We get most Information directly from you. The Information that you give us when applying for our products or services generally provides the Information we need. If we need to verify Information or need additional Information, we may obtain Information from third parties such as adult family members, employers, other insurers, consumer reporting agencies, physicians, hospitals and other medical personnel. Information collected may relate to your finances, employment, health, avocations or other personal characteristics as well as transactions with us or with others, including our Affiliates.

How We Protect Information: We treat Information in a confidential manner. Our employees are required to protect the confidentiality of Information. Employees may access Information only when there is an appropriate reason to do so, such as to administer or offer our products or services. We also maintain physical, electronic and procedural safeguards to protect Information; these safeguards comply with all applicable laws. Employees are required to comply with our established policies.

Information Disclosure: We may disclose any Information when we believe it necessary for the conduct of our business, or where disclosure is required by law. For example, Information may be disclosed to others to enable them to provide business services for us, such as helping us to evaluate requests for insurance or benefits, performing general administrative activities for us, and assisting us in processing a transaction requested by you. Information may also be disclosed for audit or research purposes; or to law enforcement and regulatory agencies, for example, to help us prevent fraud. Information may be disclosed to Affiliates as well as to others that are outside of the MetLife family of companies, such as companies that process data for us, companies that provide general administrative services for us, other insurers, and consumer reporting agencies. Our affiliates include financial services companies such as life and property and casualty insurers, securities firms, broker dealers and financial advisors and may also include companies that are not financial services companies. We may make other disclosures of Information as permitted by law.

Information may also be shared with our Affiliates so that they may offer you products or services from the MetLife family of companies. We may also provide Information: (i) to others outside of the MetLife family of companies, such as marketing companies, to assist us in offering our products and services to you, and (ii) to financial services companies outside of the MetLife family of companies with which we have a joint marketing agreement. For example, an agreement with another insurer to enable us to offer you certain of that insurer’s products. We do not make any other disclosures of Information to other companies who may want to sell their products or services to you. For example, we will not sell your name to a catalog company. We may disclose any Information, other than a consumer report or health information, for the purposes described in this paragraph.

Access to and Correction of Information: Generally, upon your written request, we will make available Information for your review. Information collected in connection with, or in anticipation of, any claim or legal proceeding will not be made available. If you notify us that the Information is incorrect, we will review it. If we agree, we will correct our records. If we do not agree, you may submit a short statement of dispute, which we will include in any future disclosure of Information.

Further Information: In addition to any other privacy notice we may provide, a recently enacted federal law established new privacy standards and requires us to provide this summary of our privacy policy once each year. You may have additional rights under other applicable laws. For additional information regarding our privacy policy, please contact us at our website, www.metlife.com, or write to us at MetLife, PO Box 489, Warwick, R I 02887-9954.

Metropolitan Life Insurance Company, NY, NY

IB030201-MIS

P4812

BRUNSTING003305

All-terrain Investing: Preparing for Varying Road Conditions

Long-term investors encounter a wide variety of market conditions. They can be almost as varied as the terrain. Sometimes it's smooth and easy to navigate, and other times, the investment landscape is rocky and hilly, slowing your progress. In general, we're optimistic about the future, but there will be bumps along the way. Although you can't avoid them, you can work to smooth out the ride by owning a mix of investments that tend to do well in different market environments.

During the past several years, the market's path has been filled with major peaks and valleys, which have been the direct result of what is called "risk-on, risk-off" behavior. When economic news is positive, investors are optimistic and more willing to take on risk with investments that depend more on the economy for growth — and therefore fluctuate more. When the headlines turn negative, investors tend to become more risk-averse, or "risk-off." Rather than moving between "risk-on" and "risk-off" buying, consider a variety of companies that may provide opportunities in both types of markets.

Get in Gear

In our view, now is not the time to "park" your investment strategy. Given the uncertainty about European debt, U.S. budget deficits and the election, we expect market volatility to continue in the shorter term. In our view, the best way to prepare is to maintain a well-balanced portfolio with adequate holdings in quality investments. We believe equities offer an attractive opportunity and recommend the equity portion of your portfolio be well-balanced across sectors, with quality holdings that can benefit as the market landscape shifts.

Is Your Portfolio Prepared?

We think the current environment offers good opportunities for investors, but the challenges of the "risk-on, risk-off" pattern underscore the importance of being prepared. Make sure your portfolio contains quality investments and is diversified across sectors that perform well in varying environments. When appropriate, rebalance to take advantage of market movements. And remember, even when current events temporarily impact the market, keep focusing on your long-term financial goals, such as retirement and paying for education. Regardless of the landscape, your long-term financial goals should serve as your constant horizon.

For more information, ask your financial advisor for our full report on this topic.

Investing in stocks involves risk. Your investment return and principal value will fluctuate, and you may lose money. Past performance does not guarantee future results. Diversification does not guarantee a profit or protect against a loss.

Form 1099 - DIV Dividends And Distributions				2011	
1a Total ordinary dividends \$70.30		1b Qualified dividends \$70.30		Copy B for Recipients	
2a Total capital gain distr.		2b Unrecap. Sec. 1250 gain			
3 Nondividend distributions		4 Federal income tax withheld		6 Foreign tax paid	7 Foreign country or U.S. possession
8 Cash Liquidation Distributions		9 Noncash Liquidation Distributions			
By Whom Paid METLIFE, INC.					
To Whom Paid NELVA E BRUNSTING TR UA APR 01 09 THE NELVA E BRUNSTING SURVIVORS TRUST 13630 PINEROCK HOUSTON TX 77079				Payer's Federal Identification Number 13-4075851	
Recipient's Identification Number XX-XXX4685				Security Description COMMON STOCK PAR VALUE \$0.01	
Account Key NELVAE--BRST--0100 00192859156R10				Reported By The Bank of New York Mellon 480 Washington Blvd Jersey City NJ 07310	
				(800) 649-3593 www.bnymellon.com/shareowner/equityaccess	

Important Tax Return Document

This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.

Instructions for Recipient

Account number. May show an account or other unique number the payer assigned to distinguish your account.

Box 1a. Shows total ordinary dividends that are taxable. Include this amount on line 9a of Form 1040 or 1040A. Also, report it on Schedule B (Form 1040 or Form 1040A), if required. The amount shown may be dividends a corporation paid directly to you as a participant (or beneficiary of a participant) in an employee stock ownership plan (ESOP). Report it as a dividend on your Form 1040/1040A but treat it as a plan distribution, not as investment income, for any other purpose.

Box 1b. Shows the portion of the amount in box 1a that may be eligible for the 15% or zero capital gains rates. See the Form 1040/1040A instructions for how to determine this amount. Report the eligible amount on line 9b, Form 1040 or 1040A.

Box 2a. Shows total capital gain distributions from a regulated investment company or real estate investment trust. Report the amounts shown in box 2a on Schedule D (Form 1040), line 13. But, if no amount is shown in boxes 2c-2d and your only capital gains and losses are capital gain distributions, you may be able to report the amounts shown in box 2a on line 13 of Form 1040 (line 10 of Form 1040A) rather than Schedule D. See the Form 1040/1040A instructions.

Box 2b. Shows the portion of the amount in box 2a that is unrecaptured section 1250 gain from certain depreciable real property. Report this amount on the Unrecaptured Section 1250 Gain Worksheet-Line 19 in the Schedule D instructions (Form 1040).

Box 2c. Shows the portion of the amount in box 2a that is section 1202 gain from certain small business stock that may be subject to a 50% exclusion and certain empowerment zone business stock that may be subject to a 60% exclusion. See the Schedule D (Form 1040) instructions.

Box 2d. Shows 28% rate gain from sales or exchanges of collectibles. If required, use this amount when completing the 28% Rate Gain Worksheet-Line 18 in the instructions for Schedule D (Form 1040).

Box 3. Shows the part of the distribution that is nontaxable because it is a return of your cost (or other basis). You must reduce your cost (or other basis) by this amount for figuring gain or loss when you sell your stock. But if you get back all your cost (or other basis), report future distributions as capital gains. See Pub. 550, Investment Income and Expenses.

Box 4. Shows backup withholding. A payer must backup withhold on certain payments if you did not give your taxpayer identification number to the payer. See Form W-9, Request for Taxpayer Identification Number and Certification, for information on backup withholding. Include this amount on your income tax return as tax withheld.

Box 6. Shows the foreign tax that you may be able to claim as a deduction or a credit on Form 1040. See the Form 1040 instructions.

Box 7. This box should be left blank if a regulated investment company reported the foreign tax shown in box 6.

Boxes 8 and 9. Shows cash and noncash liquidation distributions.

Nominees. If this form includes amounts belonging to another person, you are considered a nominee recipient. You must file Form 1099-DIV with the IRS for each of the other owners to show their share of the income, and you must furnish a Form 1099-DIV to each. A husband or wife is not required to file a nominee return to show amounts owned by the other. See the 2011 General Instructions for Certain Information Returns.

P4814

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FOR MAILING PURPOSES ONLY

GREGORY J JUNGBLUT CLU
820 GESSNER #296
HOUSTON TX 77024

P4815

Important Information About Coverage Under the Texas Life, Accident, Health and Hospital Service Insurance Guaranty Association

Jefferson-Pilot
Life Insurance Company
P.O. Box 21008
Greensboro NC 27420-1008

Texas law establishes a system, administered by the Texas Life, Accident, Health and Hospital Service Insurance Guaranty Association (the "Association"), to protect policyholders if their life or health insurance company fails to or cannot meet its contractual obligations. Only the policyholders of insurance companies which are members of the Association are eligible for this protection. However, even if a company is a member of the Association, protection is limited and policyholders must meet certain guidelines to qualify. (The law is found in the Texas Insurance Code, Article 21.28-D.)

BECAUSE OF STATUTORY LIMITATIONS ON POLICYHOLDER PROTECTION, IT IS POSSIBLE THAT THE ASSOCIATION MAY NOT COVER YOUR POLICY OR MAY NOT COVER YOUR POLICY IN FULL.

Eligibility for Protection by the Association

When an insurance company which is a member of the Association is designated as impaired by the Texas Commissioner of Insurance, the Association provides coverage to policyholders who are:

- * **residents of Texas** at the time that their insurance company is impaired
- * **residents of other states**, ONLY if the following conditions are met:
 1. The policyholder has a policy with a company based in Texas;
 2. The company has never held a license in the policyholder's state of residence;
 3. The policyholder's state of residence has a similar guaranty association; and
 4. The policyholder is not eligible for coverage by the guaranty association of the policyholder's state of residence.

Limits of Protection by the Association

Accident, Accident and Health, or Health Insurance:

- * up to a total of \$200,000 for one or more policies for each individual covered.

Life Insurance:

- * net cash surrender value up to a total of \$100,000 under one or more policies on any one life; or
- * death benefits up to a total of \$300,000 under one or more policies on any one life.

Individual Annuities:

- * net cash surrender amount up to a total of \$100,000 under one or more policies owned by one contractholder.

Group Annuities:

- * net cash surrender amount up to \$100,000 in allocated benefits under one or more policies owned by one contractholder; or
- * net cash surrender amount up to \$5,000,000 in unallocated benefits under one contractholder regardless of the number of contracts.

THE INSURANCE COMPANY AND ITS AGENTS ARE PROHIBITED BY LAW FROM USING THE EXISTENCE OF THE ASSOCIATION FOR THE PURPOSE OF SALES, SOLICITATION, OR INDUCEMENT TO PURCHASE ANY FORM OF INSURANCE.

When you are selecting an insurance company, you should not rely on coverage by the Association.

Texas Life, Accident, Health and Hospital
Service Insurance Guaranty Association
301 Congress, Suite 500
Austin, Texas 78701
800-982-6362

Texas Department of Insurance
P. O. Box 149104
Austin, Texas 78714-9104
800-252-3439

LIFE INSURANCE BUYER'S GUIDE

This guide can help you get the most for your money when you shop for life insurance. It can help you answer questions about:

Buying Life Insurance

Deciding How Much You Need

Finding a Low Cost Policy

Things to Remember

Prepared by the National Association of Insurance Commissioners

The National Association of Insurance Commissioners is an association of state insurance regulatory officials. This association helps the various Insurance Departments coordinate insurance laws for the benefit of all consumers.

This guide does not endorse any company or policy.

Reprinted by

**Jefferson-Pilot
Life Insurance Company
P.O. Box 21008
Greensboro NC 27420-1008**

Buying Life Insurance

When you buy life insurance, you want coverage that fits your needs and doesn't cost too much.

First, decide how much you need - and for how long - and what you can afford to pay.

Next, find out what kinds of policies are available to meet your needs and pick the one that best suits you.

Then, find out what different companies charge for that kind of policy - for the amount of insurance you want. You can find important cost differences between life insurance policies by using **cost comparison indexes** as described in this guide.

It makes good sense to ask a life insurance agent or company to help you. An agent can be particularly useful in reviewing your insurance needs and in giving you information about the kinds of policies that are available. If one kind doesn't seem to fit your needs, ask about others.

This guide provides only basic information. You can get more facts from a life insurance agent or company or at your public library.

What About Your Present Policy? Think twice before dropping a life insurance policy you already have to buy a new one.

It can be costly because much of what you paid in the early years of the policy you now have was used for the company's expense of selling and issuing the policy. The expense will be incurred again for a new policy.

If you are older or your health has changed, premiums for the new policy will often be higher.

You may have valuable rights and benefits in your present policy that are not in the new one.

You might be able to change your present policy or even add to it to get the coverage or benefits you now want.

Check with the agent or company that issued your present policy - get both sides of the story. In any case, don't give up your present policy until you are covered by a new one.

How Much Do You Need?

To decide how much life insurance you need, figure out what your dependents would have if you were to die now, and what they would actually need. Your new policy should come as close to making up the difference as you can afford.

In figuring what you have, count your present insurance - including any group insurance where you work, social security, or veteran's insurance. Add other assets you have - savings, investments, real estate, and personal property.

In figuring what you need, think of income for your dependents - for family living expenses, educational costs and any other future needs. Think also of cash needs - for the expenses of a final illness and for paying taxes, mortgages or other debts.

What is the Right Kind?

All life insurance policies agree to pay an amount of money when you die. But all policies are not the same. Some provide permanent coverage and others temporary coverage. Some build up cash values and others do not. Some policies combine different kinds of insurance, and others let you change from one kind of insurance to another. Your choice should be based on your needs and what you can afford.

A wide variety of plans is being offered today. Here is a brief description of two basic kinds-term and whole life-and some combinations and variations. You can get detailed information from a life insurance agent or company.

Term Insurance covers you for a **term** of one or more years. It pays a death benefit only if you die in that term. Term insurance generally provides the largest immediate death protection for your premium dollar.

Most term insurance policies are **renewable** for one or more additional terms, even if your health has changed. Each time you renew the policy for a new term, premiums will be higher. Check the premiums at older ages and how long the policy can be continued.

Many term insurance policies can be traded before the end of a **conversion period** for a whole life policy - even if you are not in good health. Premiums for the new policy will be higher than you have been paying for the term insurance.

P4817

Whole Life Insurance covers you for as long as you live. The most common type is called **straight life** or **ordinary life** insurance - you pay the same premiums for as long as you live. These premiums can be several times higher than you would pay at first for the same amount of term insurance. But they are smaller than the premiums you would eventually pay if you were to keep renewing a term policy until your later years.

Some whole life policies let you pay premiums for a shorter period such as twenty years, or until age 65. Premiums for these policies are higher than for ordinary life insurance since the premium payments are squeezed into a shorter period.

Whole life policies develop cash values. If you stop paying premiums, you can take the cash - or you can use the cash value to buy continuing insurance protection for a limited time or a reduced amount. (Some term policies that provide coverage for a long period also have cash values.)

You may borrow against the cash values by taking a policy loan. Any loan and interest on the loan that you do not pay back will be deducted from the benefits if you die, or from the cash value if you stop paying premiums.

Combinations and Variations. You can combine different kinds of insurance. For example, you can buy whole life insurance for lifetime coverage and add term insurance for the period of your greatest insurance need. Usually the term insurance is on your life - but it can also be bought for your spouse or children.

Endowment insurance policies pay a sum or income to you if you live to a certain age. If you die before then, the death benefit is paid to the person you named as beneficiary.

Other policies may have special features which allow flexibility as to premiums and coverage. Some let you choose the death benefit you want and the premium amount you can pay. The kind of insurance and coverage period are determined by these choices.

One kind of flexible premium policy, often called **universal life**, lets you vary your premium payments every year, and even skip a payment if you wish. The premiums you pay (less expense charges) go into a policy account that earns interest, and charges for the insurance are deducted from the account. Here, insurance continues as long as there is enough money in the account to pay the insurance charges.

Variable life is a special kind of insurance where the death benefits and cash values depend upon investment performance of one or more separate accounts. Be sure to get the prospectus provided by the company when buying this kind of policy. The method of cost comparison outlined in this Guide does not apply to policies of this kind.

Finding a Low Cost Policy

After you have decided which kind of life insurance is best for you, compare similar policies from different companies to find which one is likely to give you the best value for your money. A simple comparison of the premiums is not enough. There are other things to consider. For example:

Do premiums or benefits vary from year to year?

How much cash value builds up under the policy?

What part of the premiums or benefits is not guaranteed?

What is the effect of interest on money paid and received at different times on the policy?

Cost Comparison Index numbers, which you get from life insurance agents or companies, take these sorts of items into account and can point the way to better buys.

Cost Comparison Indexes. There are two types of cost comparison index numbers. Both assume you will live and pay premiums for the next 10 or 20 years.

1. **The Surrender Cost Comparison Index** helps you compare costs over a 10 or 20 year period assuming you give up (surrender) the policy and take its cash value at the end of the period. It is useful if you consider the level of cash values to be of special importance to you.

2. **The Net Payment Cost Comparison Index** helps you compare costs over a 10 or 20 year period assuming you will continue to pay premiums on your policy and do not take its cash value. It is useful if your main concern is the benefits that are to be paid at your death.

The two index numbers are the same for a policy without cash values.

Guaranteed and Illustrated Figures.

Many policies provide benefits on a more favorable basis than the minimum guaranteed basis in the policy. They may do this by paying dividends, or by charging less than the maximum premium specified. Or they may do this in other ways, such as by providing higher cash values or death benefits than the minimums guaranteed in the policy. In these cases the index numbers are shown on both a guaranteed and currently illustrated basis. The currently illustrated basis reflects the company's current scale of dividends, premiums or benefits. These scales can be changed after the policy is issued, so that the actual dividends, premiums or benefits over the years can be higher or lower than those assumed in the indexes on the currently illustrated basis.

Some policies are sold only on a **guaranteed** or **fixed cost** basis. These policies do not pay dividends; the premiums and benefits are fixed at the time you buy the policy and will not change.

Using Cost Comparison Indexes. The most important thing to remember is that a policy with smaller index numbers is generally a better buy than a similar policy with larger index numbers.

Compare index numbers only for similar policies - those which provide essentially the same benefits, with premiums payable for the same length of time. Make sure they are for your age, and for the kind of policy and amount you intend to buy. Remember that no one company offers the lowest cost at all ages for all kinds and amounts of insurance.

Small differences in index numbers should be disregarded, particularly where there are dividends or nonguaranteed premiums or benefits. Also, small differences could easily be offset by other policy features, or differences in the quality of service from the agent or company. When you find small differences in the indexes, your choice should be based on something other than cost.

Finally, keep in mind that index numbers cannot tell you the whole story. You should also consider:

The pattern of policy benefits. Some policies have low cash values in the early years that build rapidly later on. Other policies have a more level cash value build-up. A year-by-year display of values and benefits can be very helpful. (The agent or company will give you a Policy Summary that will show benefits and premiums for selected years.)

Any special policy features that may be particularly suited to your needs.

The methods by which nonguaranteed values are calculated. For example, interest rates are an important factor in determining policy dividends. In some companies dividends reflect the average interest earnings on all policies whenever issued. In others, the dividends for policies issued in a recent year, or group of years, reflect the interest earnings on those policies; in this case, dividends are likely to change more rapidly when interest rates change.

Things to Remember

Review your particular insurance needs and circumstances. Choose the kind of policy with benefits that most closely fit your needs. Ask an agent or company to help you.

Be sure that the premiums are within your ability to pay. Don't look only at the initial premium, but take account of any later premium increase.

Ask about cost comparison index numbers and check several companies which offer similar policies. Remember, smaller index numbers generally represent a better buy.

Don't buy life insurance unless you intend to stick with it. It can be very costly if you quit during the early years of the policy.

Read your policy carefully. Ask your agent or company about anything that is not clear to you.

Review your life insurance program with your agent or company every few years to keep up with changes in your income and your needs.

STATEMENT OF POLICY COST AND BENEFIT INFORMATION
FOR POLICY #JP4432833

IMPORTANT INFORMATION TO POLICYHOLDERS

ANY CORRESPONDENCE REGARDING THIS POLICY MAY BE FORWARDED EITHER TO OUR HOME OFFICE
OR TO THE AGENT LISTED BELOW.

JEFFERSON-PILOT
LIFE INSURANCE COMPANY
P.O. BOX 21008
GREENSBORO, NC 27420

GREGORY J JUNGBLUT CLU
820 GESSNER #296
HOUSTON TX 77024

TELEPHONE: (910) 691-3000

TELEPHONE: (713) 827-0491

THIS POLICY SUMMARY WAS PREPARED ON MAR 11, 1997 FOR THE LIFE OF
NELVA E BRUNSTING (FEMALE) ISSUE AGE 70 AND
ELMER H BRUNSTING (MALE) ISSUE AGE 75.

POLICY LOAN INTEREST IS 8.00% IN ARREARS.

PERCENT OF PREM LOAD-EACH NET PREMIUM WILL BE COMPUTED BY DEDUCTING
A 2.50% LOAD FROM EACH GROSS PREMIUM.

OTHER CHARGES-IN ADDITION TO COST OF INSURANCE AND COST OF OTHER BENEFITS,
A CHARGE OF \$10.00 IS DEDUCTED EACH POLICY MONTH.

YOUR COVERAGE CONSISTS OF AN ADJUSTABLE LIFE (VIS20A) INSURANCE POLICY.

P4820

BRUNSTING004232

STATEMENT OF POLICY COST AND BENEFIT INFORMATION

FOR POLICY #JP4432833

 * THE VALUES ILLUSTRATED BELOW ARE BASED ON PAYMENT OF PLANNED PREMIUMS. THE CASH VALUES AND DEATH *
 * BENEFITS MAY VARY DEPENDING ON WHEN YOU PAY PREMIUMS AND HOW MUCH YOU PAY. THEY WILL NOT BE AS *
 * FAVORABLE IF YOU HAVE AN OUTSTANDING POLICY LOAN. *
 * THE VALUES BASED ON GUARANTEED FACTORS ARE CALCULATED USING THE GUARANTEED COST OF INSURANCE FROM *
 * YOUR POLICY AND AN INTEREST RATE OF 3.50% FOR THE FIRST 10 POLICY YEARS AND 4.00% THEREAFTER. THE *
 * VALUES BASED ON CURRENT FACTORS ARE CALCULATED USING THE CURRENT COST OF INSURANCE AND THE CURRENT *
 * INTEREST RATE OF 6.00% FOR THE FIRST 10 POLICY YEARS AND 6.50% THEREAFTER. THE CURRENT FACTORS *
 * MAY BE CHANGED AT OUR SOLE DISCRETION, BUT WILL NOT BE LESS FAVORABLE THAN THOSE GUARANTEED IN *
 * THE POLICY. *

PROJECTED POLICY VALUES

PROJECTED POLICY VALUES

AGE END OF YEAR	YEAR	PLANNED PREMIUM FOR YEAR	BASED ON -----GUARANTEED FACTORS-----			BEGINNING OF YEAR DEATH BENEFIT	BASED ON -----CURRENT FACTORS-----			BEGINNING OF YEAR DEATH BENEFIT
			POLICY VALUE	SURRENDER CHARGE	SURRENDER VALUE		POLICY VALUE	SURRENDER CHARGE	SURRENDER VALUE	
71	1	7,675	6,698	7,604	0	250,000	7,604	7,604	0	250,000
72	2	7,675	11,855	13,258	0	250,000	15,243	13,258	1,985	250,000
73	3	7,675	15,490	12,516	2,974	250,000	22,897	12,516	10,381	250,000
74	4	7,675	17,588	11,788	5,800	250,000	30,541	11,788	18,753	250,000
75	5	7,675	18,101	11,046	7,055	250,000	38,152	11,046	27,106	250,000
76	6	7,675	16,956	10,304	6,652	250,000	45,709	10,304	35,405	250,000
77	7	7,675	14,061	9,576	4,485	250,000	53,218	9,576	43,642	250,000
78	8	7,675	9,305	8,834	471	250,000	60,687	8,834	51,853	250,000
79	9	7,675	2,540	8,092	0	250,000	68,135	8,092	60,043	250,000
80	10	7,675	*	*	*	*	75,593	7,364	68,229	250,000
81	11	7,675	*	*	*	*	83,508	6,622	76,886	250,000
82	12	7,675	*	*	*	*	91,560	5,894	85,666	250,000
83	13	7,675	*	*	*	*	99,803	5,152	94,651	250,000
84	14	7,675	*	*	*	*	108,299	4,410	103,889	250,000
85	15	7,675	*	*	*	*	117,139	3,682	113,457	250,000
86	16	7,675	*	*	*	*	126,436	2,940	123,496	250,000
87	17	7,675	*	*	*	*	136,257	2,198	134,059	250,000
88	18	7,675	*	*	*	*	146,749	1,470	145,279	250,000
89	19	7,675	*	*	*	*	158,098	728	157,370	250,000
90	20	7,675	*	*	*	*	170,517	0	170,517	250,000
91	21	7,675	*	*	*	*	184,586	0	184,586	250,000
92	22	7,675	*	*	*	*	200,275	0	200,275	250,000
93	23	7,675	*	*	*	*	218,000	0	218,000	250,000
94	24	7,675	*	*	*	*	238,322	0	238,322	250,000
95	25	7,675	*	*	*	*	261,461	0	261,461	250,000

EXPIRATION YEAR 10 (AGE 80)

* THE POLICY WILL TERMINATE DURING THE YEAR SHOWN UNDER THESE ASSUMPTIONS.
 AN INCREASE IN PREMIUMS WOULD BE REQUIRED IN SUCH A CASE TO KEEP THE POLICY IN FORCE.

P4821

BRUNSTING004233

STATEMENT OF POLICY COST AND BENEFIT INFORMATION

FOR POLICY #JP4432833

	GUARANTEED VALUES			CURRENT VALUES		
	5 YEAR	10 YEAR	20 YEAR	5 YEAR	10 YEAR	20 YEAR
SURRENDER COST (SC) INDEX	25.84	30.70				
NET PAYMENT (NP) INDEX	30.70	30.70		30.70	30.70	30.70

AN EXPLANATION OF THE INTENDED USES OF THESE INDEXES IS PROVIDED IN THE LIFE INSURANCE BUYER'S GUIDE. THESE INDEXES ARE USEFUL ONLY FOR COMPARISON OF RELATIVE COSTS OF TWO OR MORE SIMILAR POLICIES. THE PLANNED ANNUAL PREMIUM LESS ANNUAL CHARGES FOR RIDERS AND SUPPLEMENTAL BENEFITS IS USED FOR THE BASIC POLICY PREMIUM IN CALCULATING THE INDEXES ABOVE.

SURRENDER COST INDEXES BASED ON CURRENT FACTORS MAY INCREASE OR DECREASE DEPENDING ON FUTURE MORTALITY CHARGES, INTEREST RATES AND TIME OF SURRENDER.

P4822

BRUNSTING004234

STATEMENT OF POLICY COST AND BENEFIT INFORMATION
FOR POLICY #JP4432833

IMPORTANT INFORMATION TO POLICYHOLDERS

ANY CORRESPONDENCE REGARDING THIS POLICY MAY BE FORWARDED EITHER TO OUR HOME OFFICE
OR TO THE AGENT LISTED BELOW.

JEFFERSON-PILOT
LIFE INSURANCE COMPANY
P.O. BOX 21008
GREENSBORO, NC 27420

GREGORY J JUNGEBLUT CLU
820 GESSNER #296
HOUSTON TX 77024

TELEPHONE: (910) 691-3000

TELEPHONE: (713) 827-0491

THIS POLICY SUMMARY WAS PREPARED ON MAR 11, 1997 FOR THE LIFE OF
NELVA E BRUNSTING (FEMALE) ISSUE AGE 70 AND
ELMER H BRUNSTING (MALE) ISSUE AGE 75.

POLICY LOAN INTEREST IS 8.00% IN ARREARS.

PERCENT OF PREM LOAD-EACH NET PREMIUM WILL BE COMPUTED BY DEDUCTING
A 2.50% LOAD FROM EACH GROSS PREMIUM.

OTHER CHARGES-IN ADDITION TO COST OF INSURANCE AND COST OF OTHER BENEFITS,
A CHARGE OF \$10.00 IS DEDUCTED EACH POLICY MONTH.

YOUR COVERAGE CONSISTS OF AN ADJUSTABLE LIFE (VIS20A) INSURANCE POLICY.

P4823

BRUNSTING004235

STATEMENT OF POLICY COST AND BENEFIT INFORMATION

FOR POLICY #JP4432833

* * * * *
 * THE VALUES ILLUSTRATED BELOW ARE BASED ON PAYMENT OF PLANNED PREMIUMS. THE CASH VALUES AND DEATH *
 * BENEFITS MAY VARY DEPENDING ON WHEN YOU PAY PREMIUMS AND HOW MUCH YOU PAY. THEY WILL NOT BE AS *
 * FAVORABLE IF YOU HAVE AN OUTSTANDING POLICY LOAN. *
 * * * * *
 * THE VALUES BASED ON GUARANTEED FACTORS ARE CALCULATED USING THE GUARANTEED COST OF INSURANCE FROM *
 * YOUR POLICY AND AN INTEREST RATE OF 3.50% FOR THE FIRST 10 POLICY YEARS AND 4.00% THEREAFTER. THE *
 * VALUES BASED ON CURRENT FACTORS ARE CALCULATED USING THE CURRENT COST OF INSURANCE AND THE CURRENT *
 * INTEREST RATE OF 6.00% FOR THE FIRST 10 POLICY YEARS AND 6.50% THEREAFTER. THE CURRENT FACTORS *
 * MAY BE CHANGED AT OUR SOLE DISCRETION, BUT WILL NOT BE LESS FAVORABLE THAN THOSE GUARANTEED IN *
 * THE POLICY. *
 * * * * *

PROJECTED POLICY VALUES

PROJECTED POLICY VALUES

BASED ON

BASED ON

-----GUARANTEED FACTORS-----

-----CURRENT FACTORS-----

AGE END OF YEAR	YEAR	PLANNED PREMIUM FOR YEAR	POLICY VALUE	SURRENDER CHARGE	SURRENDER VALUE	BEGINNING OF YEAR DEATH BENEFIT	POLICY VALUE	SURRENDER CHARGE	SURRENDER VALUE	BEGINNING OF YEAR DEATH BENEFIT
71	1	7,675	6,698	7,604	0	250,000	7,604	7,604	0	250,000
72	2	7,675	11,855	13,258	0	250,000	15,243	13,258	1,985	250,000
73	3	7,675	15,490	12,516	2,974	250,000	22,897	12,516	10,381	250,000
74	4	7,675	17,588	11,788	5,800	250,000	30,541	11,788	18,753	250,000
75	5	7,675	18,101	11,046	7,055	250,000	38,152	11,046	27,106	250,000
76	6	7,675	16,956	10,304	6,652	250,000	45,709	10,304	35,405	250,000
77	7	7,675	14,061	9,576	4,485	250,000	53,218	9,576	43,642	250,000
78	8	7,675	9,305	8,834	4,471	250,000	60,687	8,834	51,853	250,000
79	9	7,675	2,540	8,092	0	250,000	68,135	8,092	60,043	250,000
80	10	7,675	*	*	*	*	75,593	7,364	68,229	250,000
81	11	7,675	*	*	*	*	83,508	6,622	76,886	250,000
82	12	7,675	*	*	*	*	91,560	5,894	85,666	250,000
83	13	7,675	*	*	*	*	99,803	5,152	94,651	250,000
84	14	7,675	*	*	*	*	108,299	4,410	103,889	250,000
85	15	7,675	*	*	*	*	117,139	3,682	113,457	250,000
86	16	7,675	*	*	*	*	126,436	2,940	123,496	250,000
87	17	7,675	*	*	*	*	136,257	2,198	134,059	250,000
88	18	7,675	*	*	*	*	146,749	1,470	145,279	250,000
89	19	7,675	*	*	*	*	158,098	728	157,370	250,000
90	20	7,675	*	*	*	*	170,517	0	170,517	250,000
91	21	7,675	*	*	*	*	184,586	0	184,586	250,000
92	22	7,675	*	*	*	*	200,275	0	200,275	250,000
93	23	7,675	*	*	*	*	218,000	0	218,000	250,000
94	24	7,675	*	*	*	*	238,322	0	238,322	250,000
95	25	7,675	*	*	*	*	261,461	0	261,461	250,000

EXPIRATION YEAR 10 (AGE 80)

* THE POLICY WILL TERMINATE DURING THE YEAR SHOWN UNDER THESE ASSUMPTIONS.
 AN INCREASE IN PREMIUMS WOULD BE REQUIRED IN SUCH A CASE TO KEEP THE POLICY IN FORCE.

P4824

BRUNSTING004236

STATEMENT OF POLICY COST AND BENEFIT INFORMATION

FOR POLICY #JP4432833

	GUARANTEED VALUES			CURRENT VALUES		
	5 YEAR	10 YEAR	20 YEAR	5 YEAR	10 YEAR	20 YEAR
SURRENDER COST (SC) INDEX	25.84	30.70				
NET PAYMENT (NP) INDEX	30.70	30.70		30.70	30.70	30.70

AN EXPLANATION OF THE INTENDED USES OF THESE INDEXES IS PROVIDED IN THE LIFE INSURANCE BUYER'S GUIDE. THESE INDEXES ARE USEFUL ONLY FOR COMPARISON OF RELATIVE COSTS OF TWO OR MORE SIMILAR POLICIES. THE PLANNED ANNUAL PREMIUM LESS ANNUAL CHARGES FOR RIDERS AND SUPPLEMENTAL BENEFITS IS USED FOR THE BASIC POLICY PREMIUM IN CALCULATING THE INDEXES ABOVE.

SURRENDER COST INDEXES BASED ON CURRENT FACTORS MAY INCREASE OR DECREASE DEPENDING ON FUTURE MORTALITY CHARGES, INTEREST RATES AND TIME OF SURRENDER.

P4825

BRUNSTING004237

Insured/Annuitant: NELVA E BRUNSTING

Policy Date: 03-15-1997

Policy Number: JP4432833

Age: 70

Amount: \$250,000.00

Plan: VIS20A

Beneficiary: ANITA KAY RILEY, TRUSTEE OR THE SUCCESSOR TRUSTEE UNDER THE BRUNSTING FAMILY IRREVOCABLE TRUST DATED FEBRUARY 12, 1997 AS AMENDED.

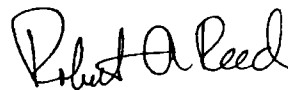
Premium	Annual	Semi-Annual	Quarterly	Monthly
	\$7,675.00			

Certificate For Lost Policy

Declaration has been made that this life insurance or annuity policy is lost or destroyed, and Jefferson-Pilot Life Insurance Company has been asked to issue evidence of the policy. Jefferson Pilot Life Insurance Company assumed certain policies of Kentucky Central Life Insurance Company and is the successor to Jefferson Standard Life Insurance Company and Pilot Life Insurance Company.

The Jefferson-Pilot Life Insurance Company acknowledges that as of the date of this certificate the policy with the specifications shown above is an outstanding obligation of the company.

Date: March 31, 2005 aam



Robert A Reed
Secretary



Dennis Glass
President
and Chief Executive Officer

NELVA E BRUNSTING
ELMER HENRY BRUNSTING
13630 PINEROCK
HOUSTON TX 77079

JEFFERSON PILOT
1-800-932-7730

JUNGEBLUT
W. 281-556-5472
~~713-827-0497~~
H- 281-492-6431

P4827

BRUNSTING004239

Insurance Coverage Provisions

Death Benefit The death benefit of the policy will be defined under one of the options below. Date of death means the date of the second death.

Option A The death benefit is the larger of

1. The Specified Amount on the date of death plus the policy value at the beginning of the policy month of death, or
2. The policy value at the beginning of the policy month of death times the percentage shown in the table below.

Option B The death benefit is the larger of

1. The Specified Amount on the date of death, or
2. The policy value at the beginning of the policy month of death times the percentage shown in the table below.

Under either option, the death benefit will be reduced by any indebtedness on the date of death. The policy value at the beginning of the month of death used in calculating the death benefit above is after subtracting all parts of the monthly deduction for the month except for the cost of insurance.

If this policy is in force at the attained age 100 of the younger Insured, the Specified Amount and Death Benefit Option are subject to change automatically as described in the General Provisions under Changes in Insurance Coverage.

Attained Age of Younger Insured	Percentage	Attained Age of Younger Insured	Percentage
0-40	250%	60	130
41	243	61	128
42	236	62	126
43	229	63	124
44	222	64	122
45	215	65	120
46	209	66	119
47	203	67	118
48	197	68	117
49	191	69	116
50	185	70	115
51	178	71	113
52	171	72	111
53	164	73	109
54	157	74	107
55	150	75-90	105
56	146	91	104
57	142	92	103
58	138	93	102
59	134	94	101
		95 & over	100

P4829

IMPORTANT NOTICE

You may call Jefferson-Pilot Life Insurance Company's toll-free telephone for information or to make a complaint at

1-800-932-7730

You may contact the Texas Department of Insurance to obtain information on companies, coverages, rights or complaints at

1-800-252-3439

You may write the Texas Department of Insurance

P.O. Box 149104
Austin, Texas 78714-9104
FAX #(512) 475-1771

PREMIUM OR CLAIM DISPUTES

Should you have a dispute concerning your premium or about a claim you should contact the company first. If the dispute is not resolved, you may contact the Texas Department of Insurance.

ATTACH THIS NOTICE TO YOUR POLICY

This notice is for information only and does not become a part or condition of the attached document.

AVISO IMPORTANTE

Usted puede llamar al numero de telefono gratis de Jefferson-Pilot Life Insurance Company para informacion o para someter una queja al

1-800-932-7730

Puede comunicarse con el Departamento de Seguros de Texas para obtener informacion acerca de companias, coberturas, derechos o quejas al

1-800-252-3439

Puede escribir al Departamento de Seguros de Texas

P.O. Box 149104
Austin, Texas 78714-9104
FAX #(512) 475-1771

DISPUTAS SOBRE PRIMAS O RECLAMOS

Si tiene una disputa concerniente a su prima o a un reclamo, debe comunicarse con el la compania primero. Si no se resuelve la disputa, puede entonces comunicarse con el departamento (TDI).

UNA ESTE AVISO A SU POLIZA

Este aviso es solo para proposito de informacion y no se convierte en parte o condicion del documento adjunto.

P4830

BRUNSTING004242

SCHEDULE OF BENEFITS AND PREMIUMS - POLICY NUMBER JP-4432833

FORM NUMBER	BENEFIT		EFFECTIVE DATE	MONTHLY DEDUCTION	YEARS PAYABLE
88-138.3	INITIAL SPECIFIED AMOUNT	250,000	MAR 15, 1997	SEE PAGE 8	30

IN CALCULATING THE GUARANTEED MAXIMUM COST OF INSURANCE RATES SHOWN ON PAGE 11, THE RATES FOR ELMER HENRY BRUNSTING WERE MULTIPLIED BY A FACTOR OF 3.00 FOR 20 YEARS. THEREAFTER STANDARD RATES FOR ELMER HENRY BRUNSTING WERE USED.

POLICY SPECIFICATIONS

NOTE: IF YOU PAY THE PLANNED PREMIUM ON TIME AND MAKE NO POLICY LOANS OR PARTIAL SURRENDERS, COVERAGE WILL CONTINUE UNTIL MAR 15, 2007 BASED ON GUARANTEED INTEREST AND GUARANTEED COST OF INSURANCE RATES SHOWN IN THE POLICY. CHANGES IN COVERAGE OR ANY RIDERS MAY CHANGE THE ABOVE DATE.

OWNER ANITA KAY RILEY, TRUSTEE OR THE SUCCESSOR TRUSTEE UNDER THE BRUNSTING FAMILY IRREVOCABLE TRUST DATED FEBRUARY 12, 1997 AS AMENDED

BENEFICIARY ANITA KAY RILEY, TRUSTEE OR THE SUCCESSOR TRUSTEE UNDER THE BRUNSTING FAMILY IRREVOCABLE TRUST DATED FEBRUARY 12, 1997 AS AMENDED

PLAN OF INSURANCE FLEXIBLE PREMIUM ADJUSTABLE SURVIVORSHIP LIFE

P4831

POLICY NUMBER JP-4432833
PLANNED PREMIUM \$7,675.00 ANNUAL
MINIMUM MONTHLY PREMIUM \$289.41
MINIMUM MONTHLY PREMIUM PERIOD MAR 15, 1997 TO MAR 15, 2007
MINIMUM SPECIFIED AMOUNT \$100,000.00

FACTORS USED IN CALCULATION OF POLICY VALUE

MONTHLY ADMINISTRATIVE CHARGE
\$10.00 FOR ALL POLICY MONTHS

NET PREMIUM FACTOR
97.50% FOR ALL POLICY MONTHS

MORTALITY TABLE USED TO CALCULATE MINIMUM CASH SURRENDER VALUES -
1980 CSO MALE OR FEMALE NONSMOKER OR SMOKER

INTEREST RATE USED TO CALCULATE MINIMUM CASH SURRENDER VALUES -
3.50% FOR THE FIRST 10 POLICY YEARS
4.00% THEREAFTER

THE ABOVE .50% INCREASE IN INTEREST RATE AFTER 10 YEARS WILL
ALSO APPLY TO THE CURRENT RATE THEN IN EFFECT.

PLAN OF INSURANCE FLEXIBLE PREMIUM ADJUSTABLE
SURVIVORSHIP LIFE

TABLE OF GUARANTEED POLICY VALUES FOR \$ 250,000 INITIAL SPECIFIED AMOUNT
 DEATH BENEFIT OPTION B

 THE TABLE BELOW SHOWS THE MINIMUM GUARANTEED CASH AND INSURANCE VALUES OF THE POLICY. THESE VALUES ARE BASED ON 3.50% INTEREST FOR THE FIRST 10 YEARS AND 4.00% THEREAFTER, COST OF INSURANCE RATES SHOWN ON PAGE 11, NO PARTIAL SURRENDERS, AND PAYMENT OF PLANNED PREMIUM AS INDICATED ON PAGE 4 TO THE END OF THE POLICY YEAR SHOWN. A CHANGE IN ANY OF THESE ASSUMPTIONS WILL CHANGE THE STATED VALUES.

END OF POLICY YEAR	PLANNED PREMIUM FOR YEAR	CASH SURRENDER OR LOAN VALUE
1	7,675	0
2	7,675	0
3	7,675	2,974
4	7,675	5,800
5	7,675	7,055
6	7,675	6,652
7	7,675	4,485
8	7,675	471
9	7,675	0

EXPIRATION YEAR 10 (AGE 80) THIS IS THE YEAR THE POLICY WILL EXPIRE ASSUMING THE PAYMENT OF THE PLANNED PREMIUM AS SHOWN ON PAGE 4 AND BASED ON THE USE OF GUARANTEED INTEREST AND COST OF INSURANCE RATES.

PLAN OF INSURANCE FLEXIBLE PREMIUM ADJUSTABLE SURVIVORSHIP LIFE

P4833

POLICY NUMBER JP-4432833

TABLE OF SURRENDER CHARGES PER 1000 OF INITIAL SPECIFIED AMOUNT

POLICY YEAR	CHARGE FOR FULL SURRENDER
1	56.00
2	53.03
3	50.06
4	47.15
5	44.18
6	41.22
7	38.30
8	35.34
9	32.37
10	29.46
11	26.49
12	23.58
13	20.61
14	17.64
15	14.73
16	11.76
17	8.79
18	5.88
19	2.91
20	0.00

PLAN OF INSURANCE FLEXIBLE PREMIUM ADJUSTABLE
SURVIVORSHIP LIFE

Definitions

Not all of the terms below appear in all policies. Where they do appear we define them as follows:

We, Our, Us Jefferson-Pilot Life Insurance Company.

You, Your The Owner of the policy.

Home Office Home Office of Jefferson-Pilot Life Insurance Company, PO Box 21008, 100 North Greene Street, Greensboro, North Carolina 27420.

Policy Date The date we use to determine policy anniversaries and monetary values.

Age An Insured's age, nearest birthday, on the policy date.

Attained Age An Insured's age as measured from the policy date with allowance for time elapsed. For purposes of determining dates and values under the policy, the attained age of the Insured who dies first will continue to increase each year.

Indebtedness The principal of a policy loan together with interest due.

Nonparticipating No dividends will be paid on this policy.

Notice, Election, Request Writings satisfactory to us that have been received at our Home Office. We will not be held responsible for any payment or other action we have taken before your writings are recorded at our Home Office.

Irrevocable Beneficiary A beneficiary, named by you as irrevocable, whose written consent is necessary for you to exercise any right specified in this policy.

Monthly Anniversary Day The same day in each month as the policy date.

Cash Surrender Value The policy value as of the date of surrender less the charge, if any, for full surrender, and less any indebtedness.

Proceeds The money we will pay if this policy matures as a death benefit or is surrendered for its cash surrender value.

1. **As a Death Claim** The proceeds will be the amount of insurance as described on page 2.

2. **Upon Surrender** The proceeds will be the cash surrender value.

Owner and Beneficiary

Owner The Owner is shown on page 3 or in a rider attached to the policy. While either Insured is alive, the Owner may exercise every right and option and receive every benefit provided by this policy. These rights, however, are subject to the written consent of any irrevocable beneficiary.

Beneficiary The beneficiary is shown on page 3 or in a rider attached to this policy.

Change of Owner or Beneficiary While either Insured is alive, the Owner or beneficiary may be changed. Any change will take effect as of the date the request is signed. Neither Insured needs to be alive when the requested change is recorded at our Home Office.

Death of the Owner or Beneficiary If the Insureds are joint owners of the policy, after the first death the Survivor will be the sole owner unless otherwise provided. If an Owner other than an Insured dies while an Insured is living, all rights and options of the Owner will belong to the Owner's executors or administrators unless otherwise provided. Unless otherwise provided, the interest of any beneficiary, including any irrevocable beneficiary, who dies before the second Insured to die, will belong to the Owner.

General Provisions

The Contract This policy is issued in consideration of the application and payment of the initial premium. This policy, the attached copy of the application and/or endorsements, and any attached supplemental applications and riders form the entire contract. Statements in the application are, in the absence of fraud, considered to be representations and not warranties. No statement will be used to void this policy or be used to deny a claim unless it is contained in the application.

Policy Changes Only one of our authorized officers can change the terms of this policy. A change must be in writing.

Incontestability We will not contest this policy after it has been in force during the lifetime of both Insureds for 2 years from the effective date.

An increase in the Specified Amount will not be contested after it has been in force during the lifetime of both Insureds for 2 years from its effective date.

Suicide If either Insured, while sane or insane, commits suicide within 2 years from the effective date, this policy will terminate. The amount payable will be no more than the sum of the premiums paid less any indebtedness and any partial surrenders.

If either Insured, while sane or insane, commits suicide within 2 years from the effective date of an increase in the Specified Amount, the increase will be terminated. The amount payable under such increase will be the sum of the monthly deductions for such increase.

Assignment You may assign this policy. We are not bound by an assignment unless we receive notice of it at our Home Office. Policy rights and benefits are subject to any assignment. We are not obliged to see that an assignment is valid or sufficient.

Misstatement of Age or Sex If the age or sex of either Insured has been misstated, the amount of death benefit will be adjusted to the amount which would have been provided by the most recent cost of insurance deduction at the true age and sex. The policy value will not be affected.

Settlement Payment or settlement under this policy will be made at our Home Office. At the time of settlement, any policy indebtedness will be deducted. At the time of settlement, we reserve the right to require surrender of the policy.

Deferment Except for the purpose of paying premiums to us, payment of cash values or making a policy loan may be deferred. The deferral may not be more than 6 months from the date you request the cash value or loan.

Compliance with the Internal Revenue Code We reserve the right to:

1. refund any premium payment, or
2. refuse to make any change in the Specified Amount or the Death Benefit Option

if such premium or change would cause this policy to fail to qualify as life insurance under the Internal Revenue Code.

Changes in Insurance Coverage Upon request, the insurance coverage may be changed at any time after the first policy year and prior to the attained age 99 of the younger Insured. The changes which can be made are:

1. increase in the Specified Amount,
2. decrease in the Specified Amount,
3. change in the existing death benefit option.

If a change would result in an increase in the death benefit, such change will be subject to satisfactory evidence of insurability. Such change will not be allowed after the first death or if the older Insured's attained age is over 85. The Specified Amount may not be decreased below the minimum shown on page 4. A decrease in the Specified Amount will apply first against insurance with the most recent effective date, with the Initial Specified Amount being last to be decreased. A change will be effective on the monthly anniversary day on or next following the date of approval by us of the request for the change, unless another date acceptable to us is requested.

If the policy is in force at the attained age 100 of the younger Insured, the Specified Amount will automatically be set equal to the policy value and the Death Benefit Option will be set to Option B. The Death Benefit Option may not be changed after that date. Cost of insurance charges for all policy months after that date will not apply.

Premium Provisions

Premium Payment The initial premium is due on the policy date and is payable on or before delivery of this policy. Thereafter, premiums may be paid at any time and in any amount, subject to the following conditions, unless otherwise agreed to in writing by us.

The amount of each premium must be at least \$25.

The maximum amount of premium we will accept in any policy year will be 3 times the yearly planned premium shown on page 4.

Your premiums are payable in United States currency. They are payable at our Home Office, at one of our authorized collection offices, or to an agent authorized to collect premiums in exchange for a receipt signed by one of our officers.

Minimum Monthly Premium The minimum monthly premium and the period for which it applies are shown on page 4. This policy may terminate as described under Continuation of Insurance during the period shown if the cumulative premiums paid are less than the cumulative minimum monthly premiums due. The cumulative premiums paid are the total gross premiums paid less any loans or withdrawals made.

A new minimum monthly premium and a new period will be provided after an increase in the Specified Amount or an increase in or an addition of a benefit. The policy may terminate as described under Continuation of Insurance during the new period if the cumulative premiums paid after the change are less than the cumulative minimum monthly premiums due after the change.

Grace Period If on a monthly anniversary day, the conditions described under Continuation of Insurance have not been met, a grace period of 60 days from that date will be allowed for the payment of the minimum amount needed to continue the policy.

We will notify you and any assignee of the minimum amount due at least 30 days before the end of the grace period. If the amount specified is not paid within the grace period, the policy will terminate without value at the end of the such period. If the second death occurs within the grace period, the amount needed to continue the policy to the end of the policy month of death will be deducted from the amount otherwise payable.

Reinstatement Application to reinstate this policy may be made within 5 years after the date of termination provided the policy has not been surrendered for its cash surrender value.

In addition to the application, reinstatement will require all of the following:

1. You must furnish evidence of insurability satisfactory to us;
2. You must pay an amount sufficient to keep the policy in force for at least 2 months;
3. You must pay or reinstate any indebtedness.

Reinstatement will be effective on the date we approve the application unless another date acceptable to us is requested.

Premium Refund at Death Any premium paid after the beginning of the policy month of the second death will be refunded as part of the proceeds, unless you request otherwise.

P4837

Nonforfeiture Provisions

Policy Value On each monthly anniversary day, the policy value will be (1) plus (2) plus (3) plus (4) minus (5), where

(1) is the policy value as of the preceding monthly anniversary day minus the monthly deduction for the month ending on the monthly anniversary day.

(2) is one month's interest on (1).

(3) is all net premiums received since the preceding monthly anniversary day.

(4) is interest on (3) from the date the premium is received to the end of the policy month.

(5) is the reduction in policy value caused by any partial surrender since the preceding monthly anniversary day.

On any day other than a monthly anniversary day, the policy value will be (1) plus (3) minus (5) where

(1) is the policy value as of the preceding monthly anniversary day minus the monthly deduction for the current policy month, with

(3) and (5) defined as above.

Interest Rate The guaranteed interest credited in the calculations described above is shown on page 4. Interest in excess of the guaranteed rate may be applied as determined by us. Such interest is referred to in this policy as excess interest. The excess interest rate credited on any policy value held as security for a policy loan may differ from the rate on the rest of the value.

Net Premium Each net premium will be computed by multiplying each gross premium by the factor shown on page 4.

Monthly Deduction The monthly deduction for a policy month will be computed as (1) plus (2) where

(1) is the cost of insurance and the cost of additional benefits provided by rider for the policy month.

(2) is the sum of all administrative charges shown on page 4 as being due for the policy month.

Cost of Insurance The cost of insurance is determined on a monthly basis as the cost of insurance rate for the month multiplied by the number of thousands of net amount at risk for the month. The net amount at risk for the month is computed as (1) minus (2) where

(1) is the death benefit for the month before reduction for any indebtedness, discounted to the beginning of the month at the guaranteed interest rate.

(2) is the policy value at the beginning of the month after subtracting all parts of the monthly deduction other than the cost of insurance.

For months in which death benefit option B is in effect, the purpose of allocating the cost of insurance between different parts of the Specified Amount, the policy value to be considered as part of the Initial Specified Amount, such value exceeds the Initial Specified Amount, any excess will be considered part of the earliest addition to the Specified Amount. This allocation will continue in order of all additions to the Specified Amount until all value is allocated.

Cost of Insurance Rates The monthly cost of insurance rates are determined by us. Rates will be based on our expectation of future mortality, interest, expenses, and lapses. Any change in the monthly cost of insurance rate used will be on a uniform basis for Insureds of the same rate class. Rates will never be larger than the maximum rates shown on page 11.

Continuation of Insurance This policy and all riders will continue in force according to the terms as long as the cash surrender value is sufficient to cover the monthly deduction. If the cash surrender value is not sufficient to cover the monthly deduction, then this policy and all riders will continue in force as long as both:

a. the policy value less any indebtedness is sufficient to cover the monthly deduction; and

b. the cumulative minimum monthly premium requirement for the month, if any, has been met;

otherwise, the policy will terminate according to the grace period provision.

If premiums are discontinued on any date, the value of the policy at that date will be used to provide insurance under this provision.

Basis of Values Minimum policy values are based on the mortality assumptions and interest rates shown on page 4. The values for this policy are at least equal to the minimum required by law. A detailed statement of the method used to determine policy values and reserves has been filed with the state where this policy is delivered.

Non-Forfeiture Provisions (Continued)

Surrender and Surrender Value Upon request, you may surrender this policy and take its cash surrender value.

Surrender within 31 days after a policy anniversary date will be treated as a surrender on that date.

Partial Surrender Upon request, you may make a partial surrender of this policy. A partial surrender will not be allowed if the remaining cash surrender value would be less than the minimum required by law. The partial surrender may be for any amount not to exceed the cash surrender value less \$2500.

When a partial surrender is made:

1. the policy value will be reduced by the amount of the partial surrender, plus a fee of \$25 plus the charge, if any, for the partial surrender;
2. the death benefit will be reduced by the amount at least equal to the reduction in value. Such a reduction may be produced without changing the Specified Amount. If not, we will reduce the Specified Amount so that the reduction in death benefit is equal to the reduction in value. A partial surrender cannot be allowed if it would reduce the Specified Amount below the minimum shown on page 4.

Surrender Charges The charge for full surrender will be the amount shown on page 4 for the number of completed policy months preceding surrender. There will be a partial charge if there is a decrease in the Specified Amount while there is a surrender charge in effect. If there is an increase in the Specified Amount, an additional surrender charge will be in effect for the increase.

Surrender charges are computed based on the number of thousands of Specified Amount. The partial charge for a decrease in Specified Amount will be based on the per thousand charge for the number of thousands of the decrease. A decrease in Specified Amount will apply first against insurance with the most recent effective date.

A new schedule of surrender charges will be provided after a change in such charges.

Annual Report

We will provide you an annual report. This report will show the activity of the policy for the past year. It will list premiums paid, expenses charged, monthly deductions, interest credited, and partial surrenders. It will show the then current death benefit and values and the loan balance outstanding. It will also provide a projection of future values of the policy using the then current values and both guaranteed and current rates of interest and mortality.

We will provide a projection of the policy at any time using other assumptions as to future premiums and interest and mortality rates on request. A fee of not more than \$25 may be charged for this service.

Policy Loans

When Available A loan may be obtained by request when this policy has a loan value. This policy will be the sole security for the loan.

Amount Available The loan value at any time is the then current policy value less an amount equal to the surrender charge which would apply if the policy were surrendered on the date of determination.

The maximum additional loan at any time is the loan value at that time less:

1. any existing loan;
2. accrued interest on any existing loan; and
3. interest on the total outstanding loan to the end of the policy year.

Loan Interest Interest on a policy loan is due and payable on each policy anniversary. Interest not paid when due will be added to the loan and will bear interest at the same rate.

The effective annual policy loan interest rate is 8%.

Maximum Loan Amount If the indebtedness at any time equals or exceeds the loan value, this policy will become void 31 days after notice has been mailed to your last known address and to that of any assignee of record.

Loan Repayments

You may repay all or part of a loan at any time while this policy is in force. Each partial repayment must be at least \$25.

Every payment to us on this policy will be considered a premium payment unless clearly marked for loan repayment or for payment of loan interest.

Table of Guaranteed Maximum Cost of Insurance Rates

Policy Year	Monthly Rate Per \$1,000	Policy Year	Monthly Rate Per \$1,000	Policy Year	Monthly Rate Per \$1,000	Policy Year	Monthly Rate Per \$1,000
1	0.312273	26	32.322124				
2	0.934980	27	40.046781				
3	1.554332	28	55.159200				
4	2.169393	29	83.333333				
5	2.778972	30	83.333333				
6	3.378679						
7	3.959697						
8	4.513537						
9	5.037727						
10	5.546521						
11	6.075223						
12	6.666932						
13	7.367843						
14	8.213195						
15	9.195157						
16	10.317051						
17	11.557488						
18	12.923117						
19	14.398263						
20	16.008162						
21	17.756033						
22	19.685141						
23	21.864650						
24	24.422706						
25	27.671482						

These rates are for the base policy at issue. They are based on a combination of the 1980 Commissioners Standard Ordinary Mortality Table for a FEMALE STANDARD NON-TOBACCO USER and a MALE RATED NON-TOBACCO USER

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Settlement Options

Instead of payment in one sum, all or part of the proceeds may be applied under one or more of the settlement options shown below. The right to elect and payments under a settlement option are subject to the conditions stated in this provision.

You may make, change or revoke an election at any time while either Insured is alive. Following the death of the second Insured to die, the beneficiary may elect an option if you have not elected one or if proceeds are payable in one sum. A beneficiary may make a change in payment under a settlement option only if you provided for it in your election.

A change of beneficiary automatically cancels a previous election of a settlement option.

If this policy is assigned, the assignee's portion of proceeds will be paid in one sum. Any balance of proceeds may be applied under settlement options.

Proceeds placed under a settlement option for the benefit of any beneficiary must be at least \$2,500 and payments to any payee must be at least \$25.

If proceeds are payable to an executor, administrator, trustee, corporation, partnership or association, payment will be in one sum unless we agree to payment under a settlement option.

Options

1. Income for a Fixed Period Monthly installments will be paid for a period agreed upon.

2. Life Income Monthly installments will be paid as elected under a, b or c:

a. **Life Only** Installments will be paid for as long as the payee lives.

b. **Guaranteed Period** Installments will be paid during the guaranteed period. After that, installments will be paid for as long as the payee lives.

c. **Installment Refund** Installments will be paid until the sum of payments equals all proceeds retained. After that, installments will be paid for as long as the payee lives.

The amount of each installment is determined by the payee's sex and age nearest birthday when payments begin.

3. Interest For a period agreed upon, proceeds will be held by us and will earn interest at a rate we declare annually. This rate will be at least the rate shown on page 14.

During the period agreed upon:

- a. Interest will be paid monthly to the payee; or
- b. Interest can be allowed to accumulate.

At any time during the period agreed upon, proceeds may be placed under one of the other settlement options.

4. Income of Fixed Amount Monthly installments will be paid in an amount agreed upon until proceeds and interest are exhausted.

5. Annuity Settlement Option Instead of any other settlement option, the proceeds may be used to provide an income based on our Single Premium Immediate Annuity rates and rules in effect on the date the proceeds are payable. The amount of each installment will be adjusted to make it payable at the beginning of the payment period.

The amount of each installment provided by the proceeds will be 103% of the installment which normally would be paid under our Single Premium Immediate Annuity.

The amount of each installment based on our Single Premium Immediate Annuity is determined by the payee's sex and age nearest birthday when installments begin.

When Installment Payments Begin Interest under option 3 will be paid at the end of each payment period. Payments under other options are made at the beginning of each payment period. Payment periods begin on the date proceeds become due and payable.

Guaranteed and Excess Interest Payments are calculated at the guaranteed interest rate as shown on page 14. When we declare more than that rate, the excess will be paid as part of each payment under options 1, 3 and 4 and during the guaranteed and refund periods under option 2.

Protection Against Creditors Funds held and payments made under settlement options shall not be assigned and, to the extent permitted by law, shall not be subject to levy, attachment or other judicial process.

Other Conditions and Provisions Before payments begin under a settlement option, this policy must be exchanged for a supplementary contract expressing the terms of settlement.

Unless otherwise provided in the supplementary contract, the present value of any payments due after the death of the last surviving payee will be paid to that payee's estate.

Any indebtedness will decrease the amount placed under a settlement option unless the indebtedness is paid before installment payments begin.

Settlement Option Tables

Monthly Installments per \$1,000 of Proceeds

Guaranteed Basis of Calculation for Settlement Option Installments

Options 1, 3 and 4: 3% interest compounded annually.
Options 2 and 5: 3% interest compounded annually and the Progressive Annuity Table.

Option 1 - Income for Fixed Period

No. of Years	Monthly Instm't	No. of Years	Monthly Instm't	No. of Years	Monthly Instm't	No. of Years	Monthly Instm't	No. of Years	Monthly Instm't	No. of Years	Monthly Instm't
1	84.47	6	15.14	11	8.86	16	6.53	21	5.32	26	4.59
2	42.86	7	13.16	12	8.24	17	6.23	22	5.15	27	4.47
3	28.99	8	11.68	13	7.71	18	5.96	23	4.99	28	4.37
4	22.06	9	10.53	14	7.26	19	5.73	24	4.84	29	4.27
5	17.91	10	9.61	15	6.87	20	5.51	25	4.71	30	4.18

Option 2 - Life Income

Age of Payee		Life	Guaranteed Period				Instm't	Age of Payee		Life	Guaranteed Period				Instm't
Male	Female	Only	5 Yrs.	10 Yrs.	15 Yrs.	20 Yrs.	Refund	Male	Female	Only	5 Yrs.	10 Yrs.	15 Yrs.	20 Yrs.	Refund
15 & under	19 & under	2.96	2.98	2.97	2.96	2.95	2.95	51	55	4.55	4.54	4.50	4.42	4.31	4.33
16	20	2.98	3.00	2.99	2.98	2.97	2.97	52	56	4.65	4.64	4.59	4.51	4.38	4.41
17	21	3.00	3.01	3.00	2.99	2.98	2.99	53	57	4.76	4.74	4.69	4.59	4.44	4.49
18	22	3.01	3.03	3.02	3.01	3.00	3.01	54	58	4.87	4.85	4.79	4.68	4.51	4.58
19	23	3.03	3.05	3.04	3.03	3.02	3.02	55	59	4.99	4.97	4.90	4.77	4.58	4.67
20	24	3.06	3.07	3.06	3.05	3.04	3.05	56	60	5.12	5.09	5.01	4.86	4.65	4.76
21	25	3.08	3.10	3.09	3.08	3.07	3.07	57	61	5.25	5.23	5.13	4.96	4.72	4.86
22	26	3.10	3.12	3.11	3.10	3.09	3.09	58	62	5.40	5.37	5.25	5.06	4.79	4.97
23	27	3.12	3.14	3.13	3.12	3.11	3.11	59	63	5.56	5.52	5.39	5.16	4.85	5.08
24	28	3.15	3.17	3.16	3.15	3.14	3.13	60	64	5.72	5.68	5.52	5.27	4.92	5.20
25	29	3.18	3.19	3.18	3.17	3.16	3.16	61	65	5.90	5.84	5.67	5.37	4.99	5.32
26	30	3.20	3.22	3.21	3.20	3.19	3.18	62	66	6.09	6.02	5.82	5.48	5.05	5.46
27	31	3.23	3.25	3.24	3.23	3.22	3.21	63	67	6.29	6.21	5.97	5.59	5.11	5.59
28	32	3.26	3.27	3.26	3.25	3.24	3.24	64	68	6.51	6.41	6.13	5.69	5.16	5.74
29	33	3.29	3.30	3.29	3.28	3.27	3.26	65	69	6.74	6.63	6.30	5.80	5.21	5.89
30	34	3.32	3.34	3.33	3.32	3.31	3.29	66	70	6.99	6.86	6.48	5.90	5.26	6.06
31	35	3.36	3.37	3.36	3.35	3.34	3.33	67	71	7.26	7.10	6.66	6.01	5.31	6.23
32	36	3.39	3.40	3.39	3.38	3.37	3.36	68	72	7.55	7.36	6.84	6.11	5.34	6.41
33	37	3.43	3.44	3.43	3.42	3.41	3.39	69	73	7.86	7.64	7.03	6.20	5.38	6.61
34	38	3.47	3.48	3.47	3.46	3.44	3.43	70	74	8.19	7.93	7.22	6.29	5.41	6.81
35	39	3.51	3.52	3.51	3.50	3.48	3.46	71	75	8.55	8.24	7.41	6.38	5.43	7.03
36	40	3.55	3.56	3.55	3.54	3.52	3.50	72	76	8.94	8.57	7.60	6.46	5.45	7.26
37	41	3.60	3.60	3.59	3.58	3.56	3.54	73	77	9.36	8.91	7.79	6.53	5.47	7.51
38	42	3.65	3.65	3.64	3.62	3.60	3.58	74	78	9.82	9.28	7.98	6.59	5.48	7.77
39	43	3.70	3.70	3.69	3.67	3.65	3.63	75	79	10.31	9.66	8.17	6.65	5.49	8.05
40	44	3.75	3.75	3.74	3.72	3.69	3.67	76	80	10.85	10.06	8.35	6.70	5.50	8.35
41	45	3.80	3.80	3.79	3.77	3.74	3.72	77	81	11.43	10.48	8.52	6.74	5.50	8.67
42	46	3.86	3.86	3.85	3.82	3.79	3.77	78	82	12.06	10.92	8.68	6.77	5.51	9.01
43	47	3.92	3.92	3.90	3.88	3.84	3.82	79	83	12.76	11.38	8.83	6.80	5.51	9.37
44	48	3.99	3.98	3.97	3.94	3.89	3.87	80	84	13.50	11.83	8.96	6.82	5.51	9.76
45	49	4.05	4.05	4.03	4.00	3.95	3.93	81	85 & over	14.31	12.32	9.08	6.83	5.51	10.17
46	50	4.13	4.12	4.10	4.06	4.00	3.99	82		15.20	12.80	9.19	6.85	5.51	10.63
47	51	4.20	4.19	4.17	4.13	4.06	4.05	83		16.18	13.28	9.28	6.85	5.51	11.09
48	52	4.28	4.27	4.25	4.20	4.12	4.12	84		17.24	13.76	9.36	6.86	5.51	11.60
49	53	4.36	4.36	4.33	4.27	4.18	4.18	85 & over		18.38	14.25	9.42	6.86	5.51	12.17
50	54	4.46	4.44	4.41	4.35	4.25	4.26								

Option 4 - Income of Fixed Amount

Option 3 - Interest Installments

Monthly	2.47
Quarterly	7.42
Semiannually	14.89
Annually	30.00

Monthly Instm't	Years	Months	Monthly Instm't	Years	Months	Monthly Instm't	Years	Months
5.00	22	10	10.00	9	6	30.00	2	10
6.00	17	10	12.50	7	4	33.33	2	7
6.67	15	6	15.00	6	0	35.00	2	5
7.00	14	7	16.67	5	4	40.00	2	1
7.50	13	5	17.50	5	1	45.00	1	10
8.00	12	5	20.00	4	5	50.00	1	8
9.00	10	9	25.00	3	6			

At the end of the periods shown in Option 4 there is often a small remaining balance which will also be paid.

P4844

Amendment To Application



Policy No. JP4432033

78710 DIP-ANN

The Jefferson-Pilot Life Insurance Company is hereby authorized to make the following alterations in or additions to the application dated 2-13-97 to said Company for insurance on the life of

NELVA E BRUNSTING AND ELMER HENRY BRUNSTING
and to issue a policy as may be necessary to conform to said application as modified herein and indicated by the item(s) marked "X" below. I hereby accept the policy as issued.

Item No.

- 1. "I do not now nor have I used tobacco products in any form within the past 12 months."
- 2. Issued at Tobacco-User Rates.
- 3. Basic policy rated. Premiums payable as shown in policy. ELMER
- 4. Policy issued as Rated Premium Class with Extended Term Insurance provision not available.
- 5. Accidental Death Benefit provision rated. Premiums payable as shown in policy.
- 6. Disability Waiver of Premium Provision rated. Premiums payable as shown in policy.
- 7. Policy issued with Disability Waiver of Premium provision eliminated.
- 8. Policy issued with Accidental Death Benefit provision eliminated.
- 9. Face amount of policy _____.
- 10. Age at issue changed to _____.
- 11. Correct premium is _____.
- 12. Alternate or Additional Policy Issued
Plan _____
Amount _____
Basis _____
- 13. Option: _____
- 14. Other alterations or additions (if any) as follows:

NO CHANGE IN HEALTH SINCE EXAMS OF 11-29-96

Dated at _____ This _____ Day of _____ 19____

Signature of Proposed Insured

Signature of applicant, if other than Proposed Insured

~~SIGNATURE OF PROPOSED INSURED~~

P4845

Application for Life Insurance or Annuity

Jefferson-Pilot
Life Insurance Company
Greensboro, NC



Part I

1 Print full name of proposed Insured or Annuitant

NELVA E. BRUNSTING

2 Residence address:

No. and St. 13630 PINEROCK

City HOUSTON State TX Zip Code 77079

How long at this address? 10 YRS. +

3 Age	Sex	Date of birth Month Day Year	Where born (state)
<u>70</u>	<u>F</u>	<u>10-08-26</u>	<u>IOWA</u>

4 Social Security No.	Date policy to become effective Month Day Year
<u>481-30-4685</u>	

5 Send notices to ANITA KAY RILEY,
 Insured or Annuitant, or TRUSTEE

C/O
No. and St. 13630 PINEROCK
City HOUSTON State TX Zip Code 77079

6 Complete This Section For Life Insurance Application

Plan of insurance	Amount
<u>UL 20</u> <u>THE SURVIVOR</u>	<u>\$250,000</u>

Billing instructions
Amount of premium \$ 7675.⁰⁰
How payable (if monthly payroll, show Franchise name and number)

Death benefit option (UL plans)	APL (traditional plans, CAL)
<input type="checkbox"/> A <input checked="" type="checkbox"/> <u>B LEVEL</u>	<input type="checkbox"/> Yes (if available)

Additional benefits

- Disability Waiver
- Accidental Death Benefit—Amount \$ _____
- Spouse Rider—Amount \$ _____
Type— UL
 Other _____
- Children's Rider—Amount \$ _____
- Guaranteed Insurability—Amount \$ _____
Type: Regular With Dis Waiver UL
- Term Riders (traditional plans, CAL):

Dividend Option (participating plans only)

- Purchase Paid up additions, or
- Other:

7 Complete This Section For Deferred Annuity Application

Plan	Initial basic or single premium
<u>N/A</u>	

Annual basic premium	How payable
<u>N/A</u>	

8 Complete This Section For Immediate Annuity Application

Plan	Single Premium
<u>N/A</u>	

Complete Questions 9–12 For All Applications.

9 Owner (if other than Insured or Annuitant, give full name, address if not in No. 5, relationship and Social Security or Tax ID No.) ANITA KAY RILEY, TRUSTEE OR THE SUCCESSOR TRUSTEES, UNDER THE BRUNSTING FAMILY IRREVOCABLE TRUST DATED FEBRUARY 12, 1997, AS AMENDED

10 Primary beneficiary (full name and relationship to Insured)
ANITA KAY RILEY, TRUSTEE OR THE SUCCESSOR TRUSTEES, UNDER THE BRUNSTING FAMILY

Contingent beneficiary (full name and relationship to Insured)
IRREVOCABLE TRUST, DATED FEBRUARY 12, 1997, AS AMENDED.

If Trustee beneficiary, give date of Trust Agreement.

11 Special instructions:

12 Is this coverage intended to replace or change any insurance or annuity in this or any other company? If yes, give details.

NO

Complete Questions 13-23 For Life Insurance Application. "You" Means The Proposed Insured.

13 Occupation (state duties)
HOME MAKER

14 Other insurance in force on your life:	Company	Amount	Issued in past yr?	
	<u>NONE</u>		Yes	No
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

Total Accidental Death Benefit \$ _____

15 Have you made application for other life or health insurance without receiving policy as applied for? If yes, give details including name of company.

NO
P4846

Part I of this application continues on Page 2

Application for Life Insurance or Annuity



Jefferson-Pilot
Life Insurance Company
Greensboro, NC

Part I (continued)

16 Do you have an application pending in any other life insurance company now? If yes, give name of company and amount applied for.

NO

17 Do you contemplate changing occupations or traveling or living outside the continental U.S.? If yes, give details.

NO

18 Have you within the past two years flown or do you intend to fly as a pilot, student pilot, or member of the crew of any aircraft? If yes, complete Aviation Questionnaire.

NO

19 Have you within the past three years been charged with two or more moving violations of any motor vehicle laws, or had your driver's license suspended or revoked? If yes, give details.

NO

Driver's license number and state:

TX 01934029

20 Have you within the past two years participated in or have you any intentions of participating in automobile or motorcycle racing, skin or scuba diving, parachuting, sky diving, or hang gliding?

NO

Do you ride a motorcycle?

NO

If either answer is yes, complete Hazardous Activities Questionnaire.

21 Are you now a member of, or have you any intention of making application or enlisting in, any military organization? If yes, give details, including branch of service.

NO

22 In the past 10 years have you:

Yes No

(a) been told by a medical professional you had Acquired Immune Deficiency Syndrome ("AIDS")?

Yes No

(b) received treatment from a medical professional for AIDS?

Yes No

(c) tested positive for antibodies to the AIDS (HIV) virus?

Yes No

23 Have you EVER smoked cigarettes? Yes No
If yes: (a) If a PRESENT smoker, how many cigarettes per day? _____

(b) If a FORMER smoker, how many cigarettes per day? _____ When did you quit? _____

If no: Do you use tobacco in any other form? Yes No
If yes: What form? _____ Amount per day? _____

24 What amount has been paid with this application? (If none, so state.)

RECEIVED
MAR - 7 1997
11:00 RECEIVED
87675 L- MAR 1997

Home Office Endorsements

NO CHANGE IN HEALTH SINCE EXAM
DONE 11/29/96

This application consists of Parts I and II and any supplement. Each person signing below represents that, to the best of his or her knowledge and belief, all statements and answers recorded herein are complete and true. Each person signing below agrees expressly that:

1 No agent has the authority to make or modify any Company contract or to waive any of the Company's requirements.

2 Corrections, additions, or changes to this application may be made by the Company. Any such changes will be shown under "Home Office Endorsements." Acceptance of a policy issued with such changes will constitute acceptance of the changes. No change will be made in classification (including age at issue), plan amount or benefits unless agreed to in writing by the Applicant.

3 If this application is for life insurance:

(a) The first premium may be paid to the Company's agent in exchange for a Conditional Receipt. The Receipt will bear the same number and date as this application and will be signed by the agent. If this is done, the Applicant acknowledges acceptance of the Receipt and agrees to its terms and conditions and its Limits Provision. The liability of the Company will be as stated in the Receipt.

(b) If the first premium is not paid, the Company will have no liability under this application unless and until:

(i) it has been received and approved by the Company at its Home Office;

(ii) the policy has been issued and delivered;

(iii) the first premium has been paid to and accepted by the Company; and

(iv) at the time of delivery and payment, the facts concerning the insurability of each person proposed for insurance are as stated in this application.

(c) The proposed Insured acknowledges receipt of the "Notice to Proposed Insured."

Dated at HOUSTON, TX

Date 02-13-97

Signature of proposed Insured or Annuitant
Debra E. Brunsting

Signature of Applicant if other than proposed Insured or Annuitant
Archie Kay Riley, Trustee

By Greg Jungblot Title

Agent Greg Jungblot Agent's number 558101

Agent GREG JUNGEBLOT Agent's number 2017858

Agency Office P4847

1 a. Name and address of your personal physician? Robert White 9000 Weathermar # 69
 b. Date and reason last consulted? 11/96 lump behind knee - Houston TX 77063
 c. What treatment was given or medication prescribed? None (713) 978-7975

- 2 Have you, within the past 10 years, been treated for or had any known indication of:
- | | Yes | No | Details of "Yes" answers. (Identify question number, circle applicable items: Include diagnoses, dates, duration, names and addresses of all physicians and medical facilities.) |
|--|-------------------------------------|-------------------------------------|--|
| a. Disorder of eyes, ears, nose or throat? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| b. Dizziness, fainting, convulsions, headache, paralysis or stroke; mental or nervous disorder? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| c. Shortness of breath, persistent hoarseness or cough, asthma, bronchitis, pleurisy, emphysema, tuberculosis or chronic respiratory disorder? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| d. Chest pain, palpitation, high blood pressure, rheumatic fever, heart attack, murmur or other disorder of the heart or blood vessels? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| e. Jaundice, intestinal bleeding, ulcer, colitis, diverticulitis, recurrent indigestion, or other disorder of the stomach, intestines, liver or gallbladder? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <u>5b) Dr. White - annual pap check up - Norm</u> |
| f. Sugar, albumin, blood or pus in urine, sexually transmitted diseases, stone or other disorder of kidney, bladder or prostate? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <u>Bursitis in hip - 1996</u> |
| g. Diabetes, thyroid or other endocrine disorders? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <u>MRI done + X-rays</u> |
| h. Neuritis, arthritis, gout, or disorder of the muscles or bones, including the spine, back or joints? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <u>Rx: Cortisone + exercise</u> |
| i. Deformity, lameness, or amputation? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <u>Dr. Eddie Matsy (789)</u> |
| j. Disorder of skin, lymph glands, cyst, tumor or cancer? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <u>2500 Fondren #300 (5445)</u> |
| k. Allergies, anemia or other disorder of the blood? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <u>Houston TX 77063</u> |
| l. Need for treatment because of alcohol or drug abuse? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| m. Abnormalities, disease or disorder of the reproductive organs or breasts, menstruation or pregnancy? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <u>5d) Blood, mammogram done annually - Norm</u> |
| 3 Are you now under observation or taking treatment? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <u>Dr. White - 1996</u> |
| 4 Have you had any change in weight in the past year? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| 5 Other than the above, have you within the past 5 years: | | | |
| a. Had any mental or physical disorder not listed above? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <u>9) Father - heart disease</u> |
| b. Had a checkup, consultation, illness, injury or surgery? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| c. Been a patient in a hospital, clinic, sanatorium or other medical facility? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| d. Had electrocardiogram, X-ray, or other diagnostic test? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| e. Been advised to have any diagnostic test, hospitalization, or surgery which was not completed? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| 6 Have you ever had military service deferment, rejection or discharge because of a physical or mental condition? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| 7 Have you ever requested or received a pension, benefits or payment due to an injury, sickness or disability? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| 8 To the best of your knowledge and belief are you now pregnant? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| 9 Family History: Tuberculosis, diabetes, cancer, high blood pressure, heart or kidney disease, mental illness, alcoholism or suicide? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |

Parents	Age if Alive	Age at Death	Cause of Death	Siblings	Age if Alive	Age at Death	Cause of Death
Father		82	Kidney failure	Brothers		23	plane crash
Mother		89	Heart failure	Sisters			

The answers to the above questions are to the best of my knowledge complete, true and written as I gave them. For the purpose of underwriting this application for life insurance, I authorize any licensed physician, medical practitioner, hospital, clinic or other medical or medically related facility, insurance company, the Medical Information Bureau or other organization, institution or person that has any records or knowledge of the proposed insureds or their health to give Jefferson-Pilot Life Insurance Company and its reinsurers such information. I also authorize the foregoing, except for the Medical Information Bureau, to give such information to any consumer reporting agency acting on behalf of Jefferson-Pilot Life. I further authorize Jefferson-Pilot Life to give all such information to my personal physician upon request and I waive any privilege to such information. I understand either I or my authorized representative may obtain a copy of this authorization. This authorization shall be valid for 30 months from this date and a copy of this authorization shall be as valid as the original.

Houston, TX 412996 Date
 Signature of proposed insured (if under age 15, parent) Nelva E. Brunsting **P4848**
 Signature of Examiner Kate Hoge BRUNSTING004260

1996 DEC -5 AM 8:29

Application for Life Insurance or Annuity



Jefferson-Pilot Life Insurance Company
Greensboro, NC

Part I

1 Print full name of proposed Insured or Annuitant
ELMER HENRY BRUNSTING

2 Residence address:
No. and St. **13630 PINEROCK**
City **HOUSTON** State **TX** Zip Code **77079**
How long at this address? **10 YRS. +**

3 Age Sex Date of birth Where born (state)
75 M 09-29-21 IOWA

4 Social Security No. Date policy to become effective
282-32-8905 Month Day Year

5 Send notices to **ANITA KAY RILEY, TRUSTEE**
 Insured or Annuitant, or TRUSTEE
c/o No. and St. **13630 PINEROCK**
City **HOUSTON** State **TX** Zip Code **77079**

6 Complete This Section For Life Insurance Application

Plan of insurance **UL 20** Amount **\$250,000**
THE SURVIVOR
Billing instructions
Amount of premium \$ **7,675.⁰⁰**
How payable (if monthly payroll, show Franchise name and number)

Death benefit option (UL plans) APL (traditional plans, CAL)
 A B **LEVEL** Yes (if available)

Additional benefits
 Disability Waiver
 Accidental Death Benefit—Amount \$
 Spouse Rider—Amount \$
Type— UL Other
 Children's Rider—Amount \$
 Guaranteed Insurability—Amount \$
Type: Regular With Dis Waiver UL
 Term Riders (traditional plans, CAL):

Dividend Option (participating plans only)
 Purchase Paid up additions, or
 Other:

7 Complete This Section For Deferred Annuity Application

Plan Initial basic or single premium
N/A
Annual basic premium How payable

8 Complete This Section For Immediate Annuity Application

Plan **N/A** Single Premium

Complete Questions 9-12 For All Applications.

9 Owner (If other than Insured or Annuitant, give full name, address if not in No. 5, relationship and Social Security or Tax ID No.) **ANITA KAY RILEY, TRUSTEE OR THE SUCCESSOR TRUSTEES, UNDER THE BRUNSTING FAMILY IRREVOCABLE TRUST, DATED FEBRUARY 12, 1997, AS AMENDED**
10 Primary beneficiary (full name and relationship to Insured) **ANITA KAY RILEY, TRUSTEE OR THE SUCCESSOR TRUSTEES, UNDER THE BRUNSTING FAMILY IRREVOCABLE TRUST, DATED FEBRUARY 12, 1997, AS AMENDED.**
Contingent beneficiary (full name and relationship to Insured) **IRREVOCABLE TRUST, DATED FEBRUARY 12, 1997, AS AMENDED.**
If Trustee beneficiary, give date of Trust Agreement.

11 Special instructions:

12 Is this coverage intended to replace or change any insurance or annuity in this or any other company? If yes, give details.
NO

Complete Questions 13-23 For Life Insurance Application. "You" Means The Proposed Insured.

13 Occupation (state duties)
RETIRED

14 Other insurance in force on your life:

Company	Amount	Issued in past yr?	
		Yes	No
5-6 VARIOUS POLICIES	70,000	<input type="checkbox"/>	<input checked="" type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>

Total Accidental Death Benefit \$

15 Have you made application for other life or health insurance without receiving policy as applied for? If yes, give details including name of company.
NO

P4849

Part I of this application continues on Page 2

Application for Life Insurance or Annuity

Jefferson Pilot

Jefferson-Pilot
Life Insurance Company
Greensboro, NC

Part I (continued)

16 Do you have an application pending in any other life insurance company now? If yes, give name of company and amount applied for.

NO

17 Do you contemplate changing occupations or traveling or living outside the continental U.S.? If yes, give details.

NO

18 Have you within the past two years flown or do you intend to fly as a pilot, student pilot, or member of the crew of any aircraft? If yes, complete Aviation Questionnaire.

NO

19 Have you within the past three years been charged with two or more moving violations of any motor vehicle laws, or had your driver's license suspended or revoked? If yes, give details.

Driver's license number and state:

NO

TX 03911861

20 Have you within the past two years participated in or have you any intentions of participating in automobile or motorcycle racing, skin or scuba diving, parachuting, sky diving, or hang gliding?

NO

Do you ride a motorcycle? NO

If either answer is yes, complete Hazardous Activities Questionnaire.

21 Are you now a member of, or have you any intention of making application or enlisting in, any military organization? If yes, give details, including branch of service.

NO

22 In the past 10 years have you: Yes No

(a) been told by a medical professional you had Acquired Immune Deficiency Syndrome ("AIDS")? Yes No

(b) received treatment from a medical professional for AIDS? Yes No

(c) tested positive for antibodies to the AIDS (HIV) virus? Yes No

23 Have you EVER smoked cigarettes? Yes No
If yes: (a) If a PRESENT smoker, how many cigarettes per day? _____

(b) If a FORMER smoker, how many cigarettes per day? _____ When did you quit? _____

If no: Do you use tobacco in any other form? Yes No
If yes: What form? _____ Amount per day? _____

24 What amount has been paid with this application? (If none, so state.)

\$7,675.00

1 M O RECEIVED
1997 MAR - 7 P 11:35 AM

NO 56770

Home Office Endorsements

RATED PREMIUM CLASS
NO CHANGE IN HEALTH SINCE EXAM
DONE ON 11/29/96

This application consists of Parts I and II and any supplement. Each person signing below represents that, to the best of his or her knowledge and belief, all statements and answers recorded herein are complete and true. Each person signing below agrees expressly that:

1 No agent has the authority to make or modify any Company contract or to waive any of the Company's requirements.

2 Corrections, additions, or changes to this application may be made by the Company. Any such changes will be shown under "Home Office Endorsements." Acceptance of a policy issued with such changes will constitute acceptance of the changes. No change will be made in classification (including age at issue), plan, amount or benefits unless agreed to in writing by the Applicant.

3 If this application is for life insurance:

(a) The first premium may be paid to the Company's agent in exchange for a Conditional Receipt. The Receipt will bear the same number and date as this application and will be signed by the agent. If this is done, the Applicant acknowledges acceptance of the Receipt and agrees to its terms and conditions and its Limits Provision. The liability of the Company will be as stated in the Receipt.

(b) If the first premium is not paid, the Company will have no liability under this application unless and until:

(i) it has been received and approved by the Company at its Home Office;

(ii) the policy has been issued and delivered;

(iii) the first premium has been paid to and accepted by the Company; and

(iv) at the time of delivery and payment, the facts concerning the insurability of each person proposed for insurance are as stated in this application.

(c) The proposed Insured acknowledges receipt of the "Notice to Proposed Insured."

Dated at HOUSTON, TX

Date 02-13-97

Signature of proposed Insured or Annuitant
Eleanor Brunsting

Signature of Applicant if other than proposed Insured or Annuitant
Anta Kay Riley, Trustee

By Greg Jungblut Title _____

Agent _____ Agent's number _____

Agent GREG JUNGEBLOT 2017858
Agent's number 8557106

Agency Office _____

P4850

1 a. Name and address of your personal physician? Robert White 9000 Weathermer #69
 b. Date and reason last consulted? 9/96 up Hon TX 77063
 c. What treatment was given or medication prescribed? None (713) 978-7975

2 Have you, within the past 10 years, been treated for or had any known indication of:

a. Disorder of eyes, ears, nose or throat?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Details of "Yes" answers. (Identify question number, circle applicable items: Include diagnoses, dates, duration, names and addresses of all physicians and medical facilities.)
b. Dizziness, fainting, convulsions, headache, paralysis or stroke; mental or nervous disorder?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
c. Shortness of breath, persistent hoarseness or cough, asthma, bronchitis, pleurisy, emphysema, tuberculosis or chronic respiratory disorder?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<u>2a) 7 BP - No Meds - Diet control</u> <u>had angioplasty 6/94, 12/94</u> <u>Dr. GASTON 6560 FURNAS #15</u> <u>Hon TX 77030 (713) 790.0646</u> <u>Methodist Hosp 1-2 days each</u>
d. Chest pain, palpitation, high blood pressure, rheumatic fever, heart attack, murmur or other disorder of the heart or blood vessels?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
e. Jaundice, intestinal bleeding, ulcer, colitis, diverticulitis, recurrent indigestion, or other disorder of the stomach, intestines, liver or gallbladder?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
f. Sugar, albumin, blood or pus in urine, sexually transmitted diseases, stone or other disorder of kidney, bladder or prostate?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>2f) 11/91 prostate removed</u> <u>due to malignancy found.</u> <u>Dr. Babaiian, 713.792.3250</u> <u>1515 Holcombe, Box 110</u> <u>Hon TX 77030 - No Chemo</u> <u>MD Anderson Hosp XSD</u>
g. Diabetes, thyroid or other endocrine disorders?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
h. Neuritis, arthritis, gout, or disorder of the muscles or bones, including the spine, back or joints?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
i. Deformity, lameness, or amputation?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
j. Disorder of skin, lymph glands, cyst, tumor or cancer?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>2j) Skin cancer removed</u> <u>from (L) ear. 1986 Dr. White</u>
k. Allergies, anemia or other disorder of the blood?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
l. Need for treatment because of alcohol or drug abuse?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
m. Abnormalities, disease or disorder of the reproductive organs or breasts, menstruation or pregnancy?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<u>5b) Broken (L) wrist - 1996</u> <u>Dr. White - splinted.</u>

3 Are you now under observation or taking treatment?

4 Have you had any change in weight in the past year?

5 Other than the above, have you within the past 5 years:

a. Had any mental or physical disorder not listed above?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
b. Had a checkup, consultation, illness, injury or surgery?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>5d) Blood, CXR, EKG - pre op</u> <u>1991 Dr. Babaiian - Norm</u> <u>Same pre op lab 5 - Norm</u> <u>1994 + 1995 Dr. GASTON</u> <u>EKG + stress test - Norm</u> <u>1996 Dr. GASTON</u>
c. Been a patient in a hospital, clinic, sanatorium or other medical facility?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
d. Had electrocardiogram, X-ray, or other diagnostic test?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>9) Father - 9 BP r stroke</u>
e. Been advised to have any diagnostic test, hospitalization, or surgery which was not completed?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

6 Have you ever had military service deferment, rejection or discharge because of a physical or mental condition?

7 Have you ever requested or received a pension, benefits or payment due to an injury, sickness or disability?

8 To the best of your knowledge and belief are you now pregnant?

9 Family History: Tuberculosis, diabetes, cancer, high blood pressure, heart or kidney disease, mental illness, alcoholism or suicide?

10-0148 5-3109561

Parents	Age if Alive	Age at Death	Cause of Death	Siblings	Age if Alive	Age at Death	Cause of Death
Father		76	stroke	Brothers	0		
Mother		83	respiratory distress	Sisters	0		

The answers to the above questions are to the best of my knowledge complete, true and written as I gave them. For the purpose of underwriting this application for life insurance, I authorize any licensed physician, medical practitioner, hospital, clinic or other medical or medically related facility, insurance company, the Medical Information Bureau or other organization, institution or person that has any records or knowledge of the proposed insureds or their health to give Jefferson-Pilot Life Insurance Company and its reinsurers such information. I also authorize the foregoing, except for the Medical Information Bureau, to give such information to any consumer reporting agency acting on behalf of Jefferson-Pilot Life. I further authorize Jefferson-Pilot Life to give all such information to my personal physician upon request and I waive any privilege to such information. I understand either I or my authorized representative may obtain a copy of this authorization. This authorization shall be valid for 30 months from this date and a copy of this authorization shall be as valid as the original.

Houston, TX 11/29/96
City and state where signed Date

Elmer Brunsting **P4851**
Signature of proposed insured (if under age 15, parent)

Kate Kyle BRUNSTING004263
Signature of Examiner M.D.

Jefferson-Pilot
Life Insurance Company
100 North Greene Street, P. O. Box 21008
Greensboro, North Carolina 27420

When writing the Home Office please give the policy number, full names of both Insureds and your address.

Important Information

This policy is a valuable asset. Read it carefully and file it with your other valuable papers.

If you need any of the following services, contact our nearest representative or our Home Office:

1. Information about this policy.
2. Preparation of claims papers, or other notices, elections or requests.
3. Examination of any proposal that you lapse or surrender this policy - this is for your own protection.
4. Additional life insurance service.

**FLEXIBLE PREMIUM ADJUSTABLE
SURVIVORSHIP LIFE**

Proceeds payable at second death. Flexible premiums payable while either Insured is living. Policy values determined by declared interest and risk rates. Non-participating.

P4852



Policy Number Due Date
 JP4432833 03-15-98
 NELVA E BRUNSTING

Payable
 ANNUAL
 0

For Service Please contact

F022301593 LIFE

PREMIUM 7,675.00
 TOTAL DUE 7,675.00

GREGORY J JUNGBLUT CLU
 820 GESSNER #296
 HOUSTON TX 77024

PHONE (713) 827-0491

ANITA KAY RILEY, TRUSTEE
 13630 PINEROCK
 HOUSTON TX 77079

Your life, your needs and your financial security goals are constantly changing. Jefferson-Pilot offers a broad variety of insurance products to help you meet your needs and achieve your goals. Your representative, whose name and number are listed above, would be pleased to provide you with information about how our services may benefit you.

Note: If a representative is not shown, please contact us (see information below) and we will have a representative contact you.

Telephone: (800) 487-1485

ANITA KAY RILEY, TRUSTEE
 13630 PINEROCK
 HOUSTON TX 77079

BJ-4508 Rev 1-97

Please Detach and Keep This Part for Your Records

See Information on Reverse Side



Policy Number Due Date
 JP4432833 03-15-98
 NELVA E BRUNSTING

Payable
 ANNUAL
 0

Important! Please Return This Part With Your Payment

F022301593 LIFE
 75710

PREMIUM 7,675.00
 TOTAL DUE 7,675.00

Note: This is the only Notice you will receive

Enter Address Change Below

ANITA KAY RILEY, TRUSTEE
 13630 PINEROCK
 HOUSTON TX 77079

Jefferson-Pilot
 Life Insurance Company
 PO Box 25500
 Greensboro, NC 27420-1008

P4853

JEFFERSON-PILOT

Jefferson-Pilot Life Insurance Company
PO Box 21008
Greensboro NC 27420
800-487-1485

ANITA KAY RILEY, TRUSTEE
13630 PINEROCK
HOUSTON TX 77079

Thank you for choosing Jefferson-Pilot Life Insurance Company to fill your life insurance needs. It is our goal to keep you informed about your policy benefits and values.

The enclosed statement reflects the status of your insurance policy as of 03-15-1998. The middle portion of the statement summarizes the monthly activity details for the period from 03-15-1997 to 03-15-1998.

In addition to providing valuable life insurance protection, your policy allows you to accumulate cash values on a tax deferred basis. Because your universal life policy is flexible, you have, within limitations, the option of increasing your premiums or making additional payments at any time. Competitive interest rates are credited on accumulated cash values.

As required by regulation, the attached statement includes a projection of the policy values for your next policy anniversary assuming no premium payments are made. These values are shown using both current and guaranteed interest and cost of insurance rates. Your agent can provide you with a projection based on the continued payment of planned premiums and a longer range illustration of future values, if you wish.

Jefferson-Pilot continues to be one of the strongest Life Insurance Companies in the US and has been awarded the highest ratings from four major rating agencies. Few companies have these exceptional ratings:

Standard & Poor's	AAA
A. M. Best	A++
Duff & Phelps	AAA
Weiss Research	A+

We continually strive to maintain your trust and keep your confidence. If you have any questions, we encourage you to call your servicing agent or the office shown at the bottom of your statement or our Client Services Department at 800-487-1485.

Thank you very much for your business.

P4854

BRUNSTING004266

JEFFERSON-PILOT

STATEMENT OF ACCOUNT

Jefferson-Pilot Life Insurance Company
 PO Box 21008
 Greensboro NC 27420
 800-487-1485

for period ending 03-15-1998

Policy Number: JP4432833	Coverage Type: SURVIVORSHIP LIFE	(VIS20)
Policy Date: 03-15-1997	Death Benefit Option: LEVEL	Planned Frequency: ANNUAL
Insured: NELVA E BRUNSTING		Planned Premium: \$7,675.00
Date of Birth: 10-08-1926		Specified Amount: \$250,000.00
Issue Age: 70		Net Death Benefit: \$250,000.00
Sex: F		
Owner: ANITA KAY RILEY, TRUSTEE	Policy Values as of:	03-15-1997 03-15-1998
13630 PINEROCK	Net Policy Value:	\$.00 \$7,584.53
HOUSTON TX 77079	Surrender Value:	\$.00 \$.00
	Loan Balance:	\$.00 \$.00

REPORT OF MONTHLY POLICY ACTIVITY

Month Ending	Premiums Received	Expense Charges	Interest at Guar Rate	*Credited Excess	Total %	Cost of Insurance	Cost of Rider(s)*	Partial Surrenders	End of Month Policy Value
04-15-1997	7,675.00	201.88	10.70	7.42	6.00	16.98	.00	.00	7,474.26
05-15-1997	.00	10.00	21.38	14.87	6.00	16.48	.00	.00	7,484.03
06-15-1997	.00	10.00	21.41	14.89	6.00	16.48	.00	.00	7,493.85
07-15-1997	.00	10.00	21.44	14.91	6.00	16.48	.00	.00	7,503.72
08-15-1997	.00	10.00	21.47	14.93	6.00	16.48	.00	.00	7,513.64
09-15-1997	.00	10.00	21.50	14.95	6.00	16.48	.00	.00	7,523.61
10-15-1997	.00	10.00	21.53	14.97	6.00	16.48	.00	.00	7,533.63
11-15-1997	.00	10.00	21.56	14.99	6.00	16.47	.00	.00	7,543.71
12-15-1997	.00	10.00	21.59	15.01	6.00	16.47	.00	.00	7,553.84
01-15-1998	.00	10.00	21.62	15.03	6.00	16.47	.00	.00	7,564.02
02-15-1998	.00	10.00	21.65	15.05	6.00	16.47	.00	.00	7,574.25
03-15-1998	.00	10.00	21.68	15.07	6.00	16.47	.00	.00	7,584.53
Totals	7,675.00	311.88	247.53	172.09		198.21	.00	.00	

Interest has been credited monthly in determination of policy values. The minimum rate of interest guaranteed is 3.50% for the first 10 years and 4.00% thereafter. Interest in excess of the guaranteed rate may be credited as described in the policy. Such interest, if any, is shown above under "Excess". Excess interest credited on any policy value held as security for a policy loan may be at a different rate.

Based on the company's schedule of monthly cost of insurance rates in effect as of 03-15-1998, your rate per \$1000 net amount at risk for the policy year beginning 03-15-1998 will not be greater than 0.646305.

This policy contains non-guaranteed factors that may have changed during the policy year. The columns with the non-guaranteed factors are asterisked above.

PROJECTION OF NEXT YEAR'S CASH SURRENDER VALUE

Assuming no premiums are paid, your policy value on the 03-15-1999 policy anniversary is projected as follows:

	Cash Surrender Value	Policy Value
Using Guaranteed Interest and Cost of Insurance Rates	.00	\$5,132.94
Using Current Interest and Cost of Insurance Rates	.00	\$7,260.56

The net death benefit is the death benefit after any outstanding loan balance is deducted.

IMPORTANT POLICY OWNER NOTICE: You should consider requesting more detailed information about your policy to understand how it may perform in the future. You should not consider replacement of your policy or make changes in your coverage without requesting a current illustration. You may annually request, without charge, such an illustration by calling 800-487-1485, writing to Jefferson-Pilot Life Insurance Company at PO Box 21008, Greensboro, NC 27420, or contacting your agent. If you do not receive a current illustration of your policy within 30 days from your request, you should contact your state insurance department.

Agency: 75710
 Agent: 2017858 GREGORY J JUNGBLUT
 820 GESSNER #296
 HOUSTON TX 77024

THANK YOU FOR ALLOWING US TO BE OF SERVICE
P4855

BRUNSTING004267

JEFFERSON-PILOT

Jefferson-Pilot Life Insurance Company
PO Box 21008
Greensboro NC 27420
800-487-1485

ANITA KAY RILEY, TRUSTEE
13630 PINEROCK
HOUSTON TX 77079

Thank you for choosing Jefferson-Pilot Life Insurance Company to fill your life insurance needs. It is our goal to keep you informed about your policy benefits and values.

The enclosed statement reflects the status of your insurance policy as of 03-15-2000. The middle portion of the statement summarizes the monthly activity details for the period from 03-15-1999 to 03-15-2000.

In addition to providing valuable life insurance protection, your policy allows you to accumulate cash values on a tax deferred basis. Because your universal life policy is flexible, you have, within limitations, the option of increasing your premiums or making additional payments at any time. Competitive interest rates are credited on accumulated cash values.

As required by regulation, the attached statement includes a projection of the policy values for your next policy anniversary assuming no premium payments are made. These values are shown using both current and guaranteed interest and cost of insurance rates. Your agent can provide you with a projection based on the continued payment of planned premiums and a longer range illustration of future values, if you wish.

Jefferson-Pilot continues to be one of the strongest Life Insurance Companies in the US and has been awarded exceptional ratings from four major rating agencies. Few companies have these exceptional ratings:

Standard & Poor's	AAA
A. M. Best	A++
Duff & Phelps	AAA
Weiss Research	A

We continually strive to maintain your trust and keep your confidence. If you have any questions, we encourage you to call your servicing agent or the office shown at the bottom of your statement or our Client Services Department at 800-487-1485.

Thank you very much for your business.

P4856

BRUNSTING004268

JEFFERSON-PILOT

STATEMENT OF ACCOUNT

Jefferson-Pilot Life Insurance Company
 PO Box 21008
 Greensboro NC 27420
 800-487-1485

for period ending 03-15-2000

Policy Number: JP4432833	Coverage Type: SURVIVORSHIP LIFE	(VIS20A)
Policy Date: 03-15-1997	Death Benefit Option: LEVEL	Planned Frequency: ANNUAL
Insured: NELVA E BRUNSTING	ELMER HENRY BRUNSTING	Planned Premium: \$7,675.00
Date of Birth: 10-08-1926	09-29-1921	Specified Amount: \$250,000.00
Issue Age: 70	75	Net Death Benefit: \$250,000.00
Sex: F	M	
Owner: ANITA KAY RILEY, TRUSTEE	Policy Values as of:	03-15-1999 03-15-2000
13630 PINEROCK	Net Policy Value:	\$15,129.54 \$30,114.14
HOUSTON TX 77079	Surrender Value:	\$1,867.04 \$18,324.14
	Loan Balance:	\$.00 \$.00

REPORT OF MONTHLY POLICY ACTIVITY

Month Ending	Premiums Received	Expense Charges	Interest at Rate	*Excess	Total % Rate	Cost of Insurance	Cost of *Rider(s)*	Partial Surrenders	End of Month Policy Value
04-15-1999	7,675.00	201.88	58.90	31.21	5.40	89.26	.00	.00	22,603.51
05-15-1999	.00	10.00	64.62	34.24	5.40	86.41	.00	.00	22,605.96
06-15-1999	.00	10.00	64.62	34.25	5.40	86.41	.00	.00	22,608.42
07-15-1999	.00	10.00	64.63	34.25	5.40	86.41	.00	.00	22,610.89
08-15-1999	.00	10.00	64.65	34.24	5.40	86.41	.00	.00	22,613.37
09-15-1999	.00	10.00	64.65	34.25	5.40	86.42	.00	.00	22,615.85
10-15-1999	.00	10.00	64.66	34.26	5.40	86.41	.00	.00	22,618.36
11-15-1999	.00	10.00	64.67	34.25	5.40	86.41	.00	.00	22,620.87
12-15-1999	.00	10.00	64.67	34.26	5.40	86.41	.00	.00	22,623.39
01-15-2000	.00	10.00	64.68	34.26	5.40	86.41	.00	.00	22,625.92
02-15-2000	.00	10.00	64.68	34.27	5.40	86.41	.00	.00	22,628.46
03-15-2000	7,675.00	201.88	64.69	34.28	5.40	86.41	.00	.00	30,114.14
Totals	15,350.00	503.76	770.12	408.02		1,039.78	.00	.00	

Interest has been credited monthly in determination of policy values. The minimum rate of interest guaranteed is 3.50% for the first 10 years and 4.00% thereafter. Interest in excess of the guaranteed rate may be credited as described in the policy. Such interest, if any, is shown above under "Excess". Excess interest credited on any policy value held as security for a policy loan may be at a different rate.

Based on the company's schedule of monthly cost of insurance rates in effect as of 03-15-2000, your rate per \$1000 net amount at risk for the policy year beginning 03-15-2000 will not be greater than 1.702035.

This policy contains non-guaranteed factors that may have changed during the policy year. The columns with the non-guaranteed factors are asterisked above.

The net death benefit is the death benefit after any outstanding loan balance is deducted.

PROJECTION OF NEXT YEAR'S CASH SURRENDER VALUE

Assuming no premiums are paid, your policy value on the 03-15-2001 policy anniversary is projected as follows:

	Cash Surrender Value	Policy Value
Using Guaranteed Interest and Cost of Insurance Rates	\$14,493.09	\$25,545.59
Using Current Interest and Cost of Insurance Rates	\$19,028.73	\$30,081.23

IMPORTANT POLICY OWNER NOTICE: You should consider requesting more detailed information about your policy to understand how it may perform in the future. You should not consider replacement of your policy or make changes in your coverage without requesting a current illustration. You may annually request, without charge, such an illustration by calling 800-487-1485, writing to Jefferson-Pilot Life Insurance Company at PO Box 21008, Greensboro, NC 27420, or contacting your agent. If you do not receive a current illustration of your policy within 30 days from your request, you should contact your state insurance department.

Agency: 75710
 Agent: 2017858 GREGORY J JUNGEBLUT
 11511 KATY FRWY #350
 HOUSTON TX 77079

THANK YOU FOR ALLOWING US TO BE OF SERVICE
P4857

BRUNSTING004269

JEFFERSON-PILOT

Jefferson-Pilot Life Insurance Company
PO Box 21008
Greensboro NC 27420
800-487-1485

ANITA KAY RILEY, TRUSTEE
13630 PINEROCK
HOUSTON TX 77079

Thank you for choosing Jefferson-Pilot Life Insurance Company to fill your life insurance needs. It is our goal to keep you informed about your policy benefits and values.

The enclosed statement reflects the status of your insurance policy as of 03-15-2001. The middle portion of the statement summarizes the monthly activity details for the period from 03-15-2000 to 03-15-2001.

In addition to providing valuable life insurance protection, your policy allows you to accumulate cash values on a tax deferred basis. Because your universal life policy is flexible, you have, within limitations, the option of increasing your premiums or making additional payments at any time. Competitive interest rates are credited on accumulated cash values.

As required by regulation, the attached statement includes a projection of the policy values for your next policy anniversary assuming no premium payments are made. These values are shown using both current and guaranteed interest and cost of insurance rates. Your agent can provide you with a projection based on the continued payment of planned premiums and a longer range illustration of future values, if you wish.

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Standard & Poor's	AAA
A. M. Best	A++
Duff & Phelps	AAA
Weiss Research	A

We continually strive to maintain your trust and keep your confidence. If you have any questions, we encourage you to call your servicing agent or the office shown at the bottom of your statement or our Client Services Department at 800-487-1485.

Thank you very much for your business.

P4858

BRUNSTING004270

JEFFERSON-PILOT

STATEMENT OF ACCOUNT

Jefferson-Pilot Life Insurance Company
 PO Box 21008
 Greensboro NC 27420
 800-487-1485

for period ending 03-15-2001

Policy Number: JP4432833	Coverage Type: SURVIVORSHIP LIFE	(VIS20A)
Policy Date: 03-15-1997	Death Benefit Option: LEVEL	Planned Frequency: ANNUAL
Insured: NELVA E BRUNSTING	ELMER HENRY BRUNSTING	Planned Premium: \$7,675.00
Date of Birth: 10-08-1926	09-29-1921	Specified Amount: \$250,000.00
Issue Age: 70	75	Net Death Benefit: \$250,000.00
Sex: F	M	
Owner: ANITA KAY RILEY, TRUSTEE	Policy Values as of:	03-15-2000 03-15-2001
13630 PINEROCK	Net Policy Value:	\$30,114.14 \$37,564.35
HOUSTON TX 77079	Surrender Value:	\$18,324.14 \$26,511.85
	Loan Balance:	\$.00 \$.00

The Net Death Benefit is the death benefit after any outstanding Loan Balance is deducted.

REPORT OF MONTHLY POLICY ACTIVITY

Month Ending	Premiums Received	Expense Charges	Interest Credited			Cost of Insurance*	Cost of Riders*	Partial Surrenders	End of Month Policy Value
			Guaranteed	Excess*	% Rate*				
04-15-2000	.00	10.00	86.07	45.61	5.40	124.35	.00	.00	30,111.47
05-15-2000	.00	10.00	86.07	45.60	5.40	124.35	.00	.00	30,108.79
06-15-2000	.00	10.00	86.06	45.59	5.40	124.35	.00	.00	30,106.09
07-15-2000	.00	10.00	86.05	45.60	5.40	124.35	.00	.00	30,103.39
08-15-2000	.00	10.00	86.04	45.59	5.40	124.35	.00	.00	30,100.67
09-15-2000	.00	10.00	86.03	45.59	5.40	124.36	.00	.00	30,097.93
10-15-2000	.00	10.00	86.02	45.58	5.40	124.36	.00	.00	30,095.17
11-15-2000	.00	10.00	86.02	45.58	5.40	124.36	.00	.00	30,092.41
12-15-2000	.00	10.00	86.01	45.58	5.40	124.36	.00	.00	30,089.64
01-15-2001	.00	10.00	86.00	45.58	5.40	124.36	.00	.00	30,086.86
02-15-2001	.00	10.00	86.00	45.56	5.40	124.36	.00	.00	30,084.06
03-15-2001	7,675.00	201.88	85.99	45.55	5.40	124.37	.00	.00	37,564.35
Totals	7,675.00	311.88	1,032.36	547.01		1,492.28	.00	.00	

Interest has been credited monthly in determination of policy values. The minimum rate of interest guaranteed is 3.50% for the first 10 years and 4.00% thereafter. Interest in excess of the guaranteed rate may be credited as described in the policy. Such interest, if any, is shown above under "Excess". Excess interest credited on any policy value held as security for a policy loan may be at a different rate.

* This policy contains non-guaranteed factors that may have changed during the policy year. The columns with the non-guaranteed factors are asterisked above.

POLICY EXPIRATION DATES - PROJECTED UNDER THE FOLLOWING ASSUMPTIONS

	Interest and Cost of Insurance	
	Current#	Guaranteed
Planned Premiums Paid	MATURITY	January 2009
No Further Premiums Paid	December 2010	March 2005

If Current Interest and Cost of Insurance rates change, your policy expiration dates may change. If you have questions, please contact the Company or your Jefferson Pilot representative.

Projections assume loan interest is added to any Loan Balance.

IMPORTANT POLICY OWNER NOTICE: You should consider requesting more detailed information about your policy to understand how it may perform in the future. You should not consider replacement of your policy or make changes in your coverage without requesting a current illustration. You may annually request, without charge, such an illustration by calling 800-487-1485, writing to Jefferson-Pilot Life Insurance Company at PO Box 21008, Greensboro, NC 27420, or contacting your agent. If you do not receive a current illustration of your policy within 30 days from your request, you should contact your state insurance department.

Agency: 75710
 Agent: 2017858 GREGORY J JUNGEBLUT
 11511 KATY FRWY #350
 HOUSTON TX 77079

THANK YOU FOR ALLOWING US TO BE OF SERVICE

P4859

BRUNSTING004271

JEFFERSON-PILOT

Jefferson-Pilot Life Insurance Company
PO Box 21008
Greensboro NC 27420-1008
1-800-487-1485
www.jpfinancial.com

ANITA KAY RILEY, TRUSTEE
13630 PINEROCK
HOUSTON TX 77079

Thank you for choosing Jefferson-Pilot Life Insurance Company to fill your life insurance needs. It is our goal to keep you informed about your policy benefits and values.

The enclosed statement reflects the status of your insurance policy as of 03-15-2002. The middle portion of the statement summarizes the monthly activity details for the period from 03-15-2001 to 03-15-2002.

In addition to providing valuable life insurance protection, your policy allows you to accumulate cash values on a tax deferred basis. Because your universal life policy is flexible, you have, within limitations, the option of increasing your premiums or making additional payments at any time. Competitive interest rates are credited on accumulated cash values.

As required by regulation, the attached statement includes a projection of the policy values for your next policy anniversary assuming no premium payments are made. These values are shown using both current and guaranteed interest and cost of insurance rates. Your agent can provide you with a projection based on the continued payment of planned premiums and a longer range illustration of future values, if you wish.

Jefferson-Pilot continues to be one of the strongest Life Insurance Companies in the US and has been awarded exceptional ratings from three major rating agencies. Few companies have these exceptional ratings:

Standard & Poor's	AAA
A. M. Best	A++
Fitch	AAA

We continually strive to maintain your trust and keep your confidence. If you have any questions, we encourage you to call your servicing agent or the office shown at the bottom of your statement or our Client Services Department at 1-800-487-1485.

Thank you very much for your business.

P4860

BRUNSTING004272

JEFFERSON-PILOT

STATEMENT OF ACCOUNT

Jefferson-Pilot Life Insurance Company
 PO Box 21008
 Greensboro NC 27420-1008
 1-800-487-1485
 www.jpfinancial.com

for period ending 03-15-2002

Policy Number: JP4432833	Coverage Type: SURVIVORSHIP LIFE	(VIS20A)
Policy Date: 03-15-1997	Death Benefit Option: LEVEL	Planned Frequency: ANNUAL
Insured: NELVA E BRUNSTING	ELMER HENRY BRUNSTING	Planned Premium: \$7,675.00
Date of Birth: 10-08-1926	09-29-1921	Specified Amount: \$250,000.00
Issue Age: 70	75	Net Death Benefit: \$250,000.00
Sex: F	M	
Owner: ANITA KAY RILEY, TRUSTEE 13630 PINEROCK HOUSTON TX 77079	Policy Values as of:	03-15-2001 03-15-2002
	Net Policy Value:	\$37,564.35 \$37,431.51
	Surrender Value:	\$26,511.85 \$27,116.51
	Loan Balance:	\$.00 \$.00

The Net Death Benefit is the death benefit after any outstanding Loan Balance is deducted.

REPORT OF MONTHLY POLICY ACTIVITY

Month Ending	Premiums Received	Expense Charges	Interest Credited		Total % Rate*	Cost of Insurance*	Cost of Riders*	Partial Surrenders	End of Month Policy Value
			Guaranteed	Excess*					
04-15-2001	.00	10.00	107.34	56.89	5.40	164.26	.00	.00	37,554.32
05-15-2001	.00	10.00	107.32	56.87	5.40	164.27	.00	.00	37,544.24
06-15-2001	.00	10.00	107.29	56.85	5.40	164.28	.00	.00	37,534.10
07-15-2001	.00	10.00	107.26	56.84	5.40	164.29	.00	.00	37,523.91
08-15-2001	.00	10.00	107.23	56.82	5.40	164.30	.00	.00	37,513.66
09-15-2001	.00	10.00	107.21	56.80	5.40	164.30	.00	.00	37,503.37
10-15-2001	.00	10.00	107.17	56.79	5.40	164.31	.00	.00	37,493.02
11-15-2001	.00	10.00	107.14	56.78	5.40	164.32	.00	.00	37,482.62
12-15-2001	.00	10.00	107.11	56.76	5.40	164.33	.00	.00	37,472.16
01-15-2002	.00	10.00	107.08	53.78	5.30	164.34	.00	.00	37,458.68
02-15-2002	.00	10.00	107.05	53.75	5.30	164.35	.00	.00	37,445.13
03-15-2002	.00	10.00	107.00	53.74	5.30	164.36	.00	.00	37,431.51
Totals	.00	120.00	1,286.20	672.67		1,971.71	.00	.00	

Interest has been credited monthly in determination of policy values. The minimum rate of interest guaranteed is 3.50% for the first 10 years and 4.00% thereafter. Interest in excess of the guaranteed rate may be credited as described in the policy. Such interest, if any, is shown above under "Excess". Excess interest credited on any policy value held as security for a policy loan may be at a different rate.

* This policy contains non-guaranteed factors that may have changed during the policy year. The columns with the non-guaranteed factors are asterisked above. Note that the credited interest rate has changed since the previous policy anniversary.

POLICY EXPIRATION DATES - PROJECTED UNDER THE FOLLOWING ASSUMPTIONS

Planned Premiums Paid No Further Premiums Paid	Interest and Cost of Insurance	
	Current#	Guaranteed
	MATURITY May 2012	December 2009 July 2006

If Current Interest and Cost of Insurance rates change, your policy expiration dates may change. If you have questions, please contact the Company or your Jefferson Pilot representative.

Projections assume loan interest is added to any Loan Balance.

IMPORTANT POLICY OWNER NOTICE: You should consider requesting more detailed information about your policy to understand how it may perform in the future. You should not consider replacement of your policy or make changes in your coverage without requesting a current illustration. You may annually request, without charge, such an illustration by calling 800-487-1485, writing to Jefferson-Pilot Life Insurance Company at PO Box 21008, Greensboro, NC 27420-1008, or contacting your agent. If you do not receive a current illustration of your policy within 30 days from your request, you should contact your state insurance department.

Agency: 75710
 Agent: 2017858 GREGORY J JUNGBLUT
 11511 KATY FRWY #350
 HOUSTON TX 77079

THANK YOU FOR ALLOWING US TO BE OF SERVICE

P4861

BRUNSTING004273

JEFFERSON-PILOT

STATEMENT OF ACCOUNT

Jefferson-Pilot Life Insurance Company
 PO Box 21008
 Greensboro NC 27420-1008
 1-800-487-1485
 www.jpfinancial.com

for period ending 04-15-2002

Policy Number: JP4432833	Coverage Type: SURVIVORSHIP LIFE	(VIS20A)
Policy Date: 03-15-1997	Death Benefit Option: LEVEL	Planned Frequency: ANNUAL
Insured: NELVA E BRUNSTING	ELMER HENRY BRUNSTING	Planned Premium: \$7,675.00
Date of Birth: 10-08-1926	09-29-1921	Specified Amount: \$250,000.00
Issue Age: 70	75	Net Death Benefit: \$250,000.00
Sex: F	M	
Owner: ANITA KAY RILEY, TRUSTEE	Policy Values as of:	04-15-2001 04-15-2002
13630 PINEROCK	Net Policy Value:	\$37,554.32 \$44,882.94
HOUSTON TX 77079	Surrender Value:	\$26,501.82 \$34,567.94
	Loan Balance:	\$.00 \$.00

The Net Death Benefit is the death benefit after any outstanding Loan Balance is deducted.

REPORT OF MONTHLY POLICY ACTIVITY

Month Ending	Premiums Received	Expense Charges	Interest Credited		Total % Rate*	Cost of Insurance*	Cost of Riders*	Partial Surrenders	End of Month Policy Value
			Guaranteed	Excess*					
05-15-2001	.00	10.00	107.32	56.87	5.40	164.27	.00	.00	37,544.24
06-15-2001	.00	10.00	107.29	56.85	5.40	164.28	.00	.00	37,534.10
07-15-2001	.00	10.00	107.26	56.84	5.40	164.29	.00	.00	37,523.91
08-15-2001	.00	10.00	107.23	56.82	5.40	164.30	.00	.00	37,513.66
09-15-2001	.00	10.00	107.21	56.80	5.40	164.30	.00	.00	37,503.37
10-15-2001	.00	10.00	107.17	56.79	5.40	164.31	.00	.00	37,493.02
11-15-2001	.00	10.00	107.14	56.78	5.40	164.32	.00	.00	37,482.62
12-15-2001	.00	10.00	107.11	56.76	5.40	164.33	.00	.00	37,472.16
01-15-2002	.00	10.00	107.08	53.78	5.30	164.34	.00	.00	37,458.68
02-15-2002	.00	10.00	107.05	53.75	5.30	164.35	.00	.00	37,445.13
03-15-2002	.00	10.00	107.00	53.74	5.30	164.36	.00	.00	37,431.51
04-15-2002	7,675.00	201.88	127.59	64.09	5.30	213.37	.00	.00	44,882.94
Totals	7,675.00	311.88	1,306.45	679.87		2,020.82	.00	.00	

Interest has been credited monthly in determination of policy values. The minimum rate of interest guaranteed is 3.50% for the first 10 years and 4.00% thereafter. Interest in excess of the guaranteed rate may be credited as described in the policy. Such interest, if any, is shown above under "Excess". Excess interest credited on any policy value held as security for a policy loan may be at a different rate.

* This policy contains non-guaranteed factors that may have changed during the policy year. The columns with the non-guaranteed factors are asterisked above. Note that the credited interest rate has changed since the previous policy anniversary.

Agency: 75710
 Agent: 2017858 GREGORY J JUNGBLUT
 11511 KATY FRWY #350
 HOUSTON TX 77079

Route: 76-TPE

THANK YOU FOR ALLOWING US TO BE OF SERVICE

P4862

BRUNSTING004274

JEFFERSON-PILOT

Jefferson-Pilot Life Insurance Company
PO Box 21008
Greensboro NC 27420-1008
1-800-487-1485
www.jpfinancial.com

ANITA KAY RILEY, TRUSTEE
13630 PINEROCK
HOUSTON TX 77079

Thank you for choosing Jefferson-Pilot Life Insurance Company to fill your life insurance needs. It is our goal to keep you informed about your policy benefits and values.

The enclosed statement reflects the status of your insurance policy as of 03-15-2003. The middle portion of the statement summarizes the monthly activity details for the period from 03-15-2002 to 03-15-2003.

In addition to providing valuable life insurance protection, your policy allows you to accumulate cash values on a tax deferred basis. Because your universal life policy is flexible, you have, within limitations, the option of increasing your premiums or making additional payments at any time. Competitive interest rates are credited on accumulated cash values.

As required by regulation, the attached statement includes a projection of the policy values for your next policy anniversary assuming no premium payments are made. These values are shown using both current and guaranteed interest and cost of insurance rates. Your agent can provide you with a projection based on the continued payment of planned premiums and a longer range illustration of future values, if you wish.

Jefferson-Pilot continues to be one of the strongest Life Insurance Companies in the US and has been awarded exceptional ratings from four major rating agencies. Few companies have these exceptional ratings:

Standard & Poor's	AAA
A. M. Best	A++
Duff & Phelps	AAA

We continually strive to maintain your trust and keep your confidence. If you have any questions, we encourage you to call your servicing agent or the office shown at the bottom of your statement or our Client Services Department at 800-487-1485.

Thank you very much for your business.

P4863

BRUNSTING004275



JEFFERSON PILOT
FINANCIAL

PRIVACY PRACTICES NOTICE

The Jefferson Pilot Financial companies* are concerned about your privacy. In order to issue and service high quality financial products and services, we collect personal information about you. **We do not sell your information to third parties**, and we disclose your personal information only as necessary to provide the products and services you expect from a financial services leader. **This summary of our practices is provided for your information. You do not need to take any action as a result of this notice, but you do have certain rights as described below.**

Collecting Information. To conduct our business, we may collect nonpublic personal information about you from:

- applications or other forms, such as name, address, Social Security number, assets and income, employment status and dependent information;
- your transactions with us, our affiliates, or with others, such as account activity, payment history, and products and services purchased;
- consumer reporting agencies, such as credit relationships and credit history. These agencies may retain their reports and share them with others who use their services;
- other individuals, businesses and agencies, such as motor vehicle reports, and medical and demographic information; and
- visitors to our websites, such as information from on-line forms, site visitorship data and on-line information collecting devices commonly called "cookies."

We do not collect medical or health information, nor do we request financial information from consumer reporting agencies, on our mutual fund and brokerage consumers.

How We Treat the Information. Within Jefferson Pilot Financial we restrict access to nonpublic personal information about you to those employees who need to know that information to provide our products or services or to otherwise conduct our business, including actuarial or research studies. We maintain physical, electronic, and procedural safeguards that comply with federal and state regulations to safeguard all your nonpublic personal information. We may also disclose all of the information described above to third parties with which we contract for services. We contractually require these third parties to protect your information. Examples of these third parties are:

- financial service providers, such as third party administrators, broker-dealers, insurance agents and brokers, investment companies, registered representatives, investment advisors, companies that perform marketing services on our behalf or on behalf of Jefferson Pilot Financial and another financial institution, or to other financial institutions with whom we have joint marketing agreements; and
- non-financial companies and individuals, such as our consultants and vendors and the Medical Information Bureau.

In addition, we may disclose your nonpublic personal information to medical care institutions or medical professionals, insurance regulatory authorities, law enforcement or other government authorities, or to affiliated or nonaffiliated third parties as reasonably necessary to conduct our business or as otherwise permitted by law.

Our privacy procedures apply even after you stop having any customer relationship with Jefferson Pilot Financial.

We retain the right to use ideas, concepts, know-how, or techniques contained in any nonpublic personal information you provide to us for our own purposes, including developing and marketing products and services.

We do not disclose to our affiliates any information we receive about you from a consumer reporting agency.

We do not disclose your nonpublic personal information to third parties except as necessary to provide you our products and services. You do have the right to review the personal information about you relating to any insurance or annuity product issued by us that we can reasonably locate and retrieve. You also can request that we correct, amend or delete any inaccurate information. If you wish to do this, please write Attn: Privacy Inquiry, to the address you normally use for your correspondence with us. If you don't have that address, write to: Jefferson Pilot Financial, Attn: Client Services Department-Privacy, P.O. Box 21008, Greensboro, NC 27420, describe the information you wish to see and enclose payment for our \$25.00 handling fee.

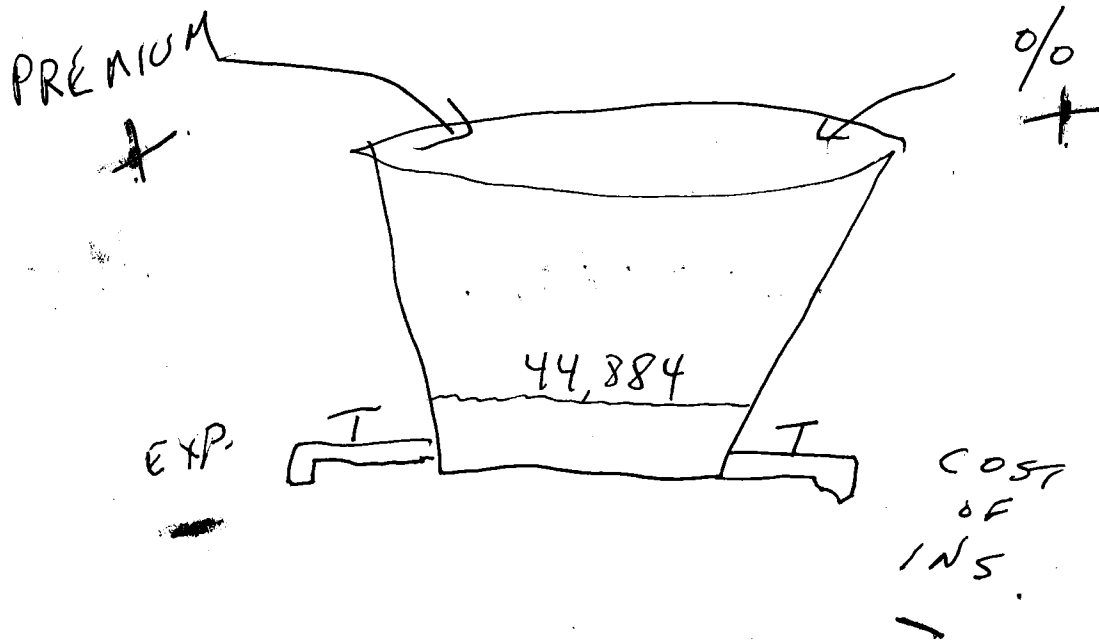
* This Notice applies for the following Jefferson Pilot Financial companies:

Allied Professional Advisors, Inc.	Jefferson Pilot LifeAmerica Insurance Company	Jefferson Pilot Variable Corporation
Hampshire Funding, Inc.	Jefferson-Pilot Life Insurance Company	Polaris Advisory Services, Inc.
Jefferson Pilot Financial Insurance Company	Jefferson Pilot Securities Corporation	Westfield Assigned Benefits Company

P4864

Jefferson Pilot Financial
100 N. Greene St.
Greensboro, NC 27401

Presorted Standard
U.S. Postage
PAID
Permit #338
Greensboro NC



P4865

BRUNSTING004277

JEFFERSON-PILOT

STATEMENT OF ACCOUNT

Jefferson-Pilot Life Insurance Company
 PO Box 21008
 Greensboro NC 27420-1008
 1-800-487-1485
 www.jpfinancial.com

for period ending 03-15-2003

Policy Number: JP4432833 Coverage Type: FLEXIBLE PREMIUM SURV. LIFE (VIS20A)
 Policy Date: 03-15-1997 Death Benefit Option: LEVEL Planned Frequency: ANNUAL
 Insured: NELVA E BRUNSTING ELMER HENRY BRUNSTING Planned Premium: \$7,675.00
 Date of Birth: 10-08-1926 09-29-1921 Specified Amount: \$250,000.00
 Issue Age: 70 75 Net Death Benefit: \$250,000.00
 Sex: F M
 Owner: ANITA KAY RILEY, TRUSTEE
 13630 PINEROCK
 HOUSTON TX 77079

Policy Values as of: 03-15-2002 03-15-2003
 Net Policy Value: \$37,431.51 \$51,987.45
 Surrender Value: \$27,116.51 \$42,407.45
 Loan Balance: \$.00 \$.00

The Net Death Benefit is the death benefit after any outstanding Loan Balance is deducted.

REPORT OF MONTHLY POLICY ACTIVITY

Month Ending	Premiums Received	Expense Charges	Interest Credited		Total % Rate*	Cost of Insurance*	Cost of Riders*	Partial Surrenders	End of Month Policy Value
			Guaranteed	Excess*					
→ 04-15-2002	7,675.00	201.88	127.59	64.09	5.30	213.37	.00	.00	44,882.94 ←
05-15-2002	.00	10.00	128.24	64.40	5.30	205.86	.00	.00	44,859.72
06-15-2002	.00	10.00	128.17	64.37	5.30	205.88	.00	.00	44,836.38
07-15-2002	.00	10.00	128.10	64.34	5.30	205.91	.00	.00	44,812.91
08-15-2002	.00	10.00	128.04	64.29	5.30	205.93	.00	.00	44,789.31
09-15-2002	.00	10.00	127.97	58.96	5.15	205.96	.00	.00	44,760.28
10-15-2002	.00	10.00	127.89	58.92	5.15	205.99	.00	.00	44,731.10
11-15-2002	.00	10.00	127.80	58.88	5.15	206.02	.00	.00	44,701.76
12-15-2002	.00	10.00	127.72	39.32	4.60	206.04	.00	.00	44,652.76
01-15-2003	.00	10.00	127.57	39.28	4.60	206.09	.00	.00	44,603.52
02-15-2003	.00	10.00	127.43	39.24	4.60	206.14	.00	.00	44,554.05
03-15-2003	7,675.00	201.88	127.29	39.19	4.60	206.20	.00	.00	51,987.45
Totals	15,350.00	503.76	1,533.81	655.28		2,479.39	.00	.00	

Interest has been credited monthly in determination of policy values. The minimum rate of interest guaranteed is 3.50% for the first 10 years and 4.00% thereafter. Interest in excess of the guaranteed rate may be credited as described in the policy. Such interest, if any, is shown above under "Excess". Excess interest credited on any policy value held as security for a policy loan may be at a different rate.

* This policy contains non-guaranteed factors that may have changed during the policy year. The columns with the non-guaranteed factors are asterisked above. Note that the credited interest rate has changed since the previous policy anniversary.

POLICY EXPIRATION DATES - PROJECTED UNDER THE FOLLOWING ASSUMPTIONS

Interest and Cost of Insurance

Planned Premiums Paid No Further Premiums Paid	Current #	Guaranteed
		MATURITY April 2013

If Current Interest and Cost of Insurance rates change, your policy expiration dates may change. If you have questions, please contact the Company or your Jefferson Pilot representative.

Projections assume loan interest is added to any Loan Balance.

IMPORTANT POLICY OWNER NOTICE: You should consider requesting more detailed information about your policy to understand how it may perform in the future. You should not consider replacement of your policy or make changes in your coverage without requesting a current illustration. You may annually request, without charge, such an illustration by calling 800-487-1485, writing to Jefferson-Pilot Life Insurance Company at PO Box 21008, Greensboro, NC 27420, or contacting your agent. If you do not receive a current illustration of your policy within 30 days from your request, you should contact your state insurance department.

Agency: 75710
 Agent: 2017858 GREGORY J JUNGBLUT
 11511 KATY FREEWAY
 STE 350
 HOUSTON TX 77079

THANK YOU FOR ALLOWING US TO BE OF SERVICE

P4866

BRUNSTING004278

JEFFERSON-PILOT

STATEMENT OF ACCOUNT

Jefferson-Pilot Life Insurance Company
 PO Box 21008
 Greensboro NC 27420-1008
 1-800-487-1485
 www.jpfinancial.com

for period ending 03-15-2004

Policy Number: JP4432833	Coverage Type: FLEXIBLE PREMIUM SURV. LIFE (VIS20A)
Policy Date: 03-15-1997	Death Benefit Option: LEVEL
Insured: NELVA E BRUNSTING	ELMER HENRY BRUNSTING
Date of Birth: 10-08-1926	09-29-1921
Issue Age: 70	75
Sex: F	M
Owner: ANITA KAY RILEY, TRUSTEE	Policy Values as of:
13630 PINEROCK	03-15-2003
HOUSTON TX 77079	03-15-2004
	Net Policy Value: \$51,987.45 \$58,538.11
	Surrender Value: \$42,407.45 \$49,698.11
	Loan Balance: \$.00 \$.00

The Net Death Benefit is the death benefit after any outstanding Loan Balance is deducted.

REPORT OF MONTHLY POLICY ACTIVITY

Month Ending	Premiums Received	Expense Charges	Interest Credited		Total % Rate*	Cost of Insurance*	Cost of Riders*	Partial Surrenders	End of Month Policy Value
			Guaranteed	Excess*					
04-15-2003	.00	10.00	148.52	39.51	4.45	247.13	.00	.00	51,918.35
05-15-2003	.00	10.00	148.32	39.45	4.45	247.21	.00	.00	51,848.91
06-15-2003	.00	10.00	148.11	39.42	4.45	247.30	.00	.00	51,779.14
07-15-2003	.00	10.00	147.92	39.35	4.45	247.38	.00	.00	51,709.03
08-15-2003	.00	10.00	147.72	39.29	4.45	247.47	.00	.00	51,638.57
09-15-2003	.00	10.00	147.52	33.07	4.30	247.56	.00	.00	51,561.60
10-15-2003	.00	10.00	147.29	33.02	4.30	247.66	.00	.00	51,484.25
11-15-2003	.00	10.00	147.07	32.97	4.30	247.75	.00	.00	51,406.54
12-15-2003	.00	10.00	146.85	32.92	4.30	247.85	.00	.00	51,328.46
01-15-2004	.00	10.00	146.62	20.58	4.00	247.94	.00	.00	51,237.72
02-15-2004	.00	10.00	146.36	20.54	4.00	248.06	.00	.00	51,146.56
03-15-2004	7,675.00	201.88	146.10	20.50	4.00	248.17	.00	.00	58,538.11
Totals	7,675.00	311.88	1,768.40	390.62		2,971.48	.00	.00	

Interest has been credited monthly in determination of policy values. The minimum rate of interest guaranteed is 3.50% for the first 10 years and 4.00% thereafter. Interest in excess of the guaranteed rate may be credited as described in the policy. Such interest, if any, is shown above under "Excess". Excess interest credited on any policy value held as security for a policy loan may be at a different rate.

* This policy contains non-guaranteed factors that may have changed during the policy year. The columns with the non-guaranteed factors are asterisked above. Note that the credited interest rate has changed since the previous policy anniversary.

POLICY EXPIRATION DATES - PROJECTED UNDER THE FOLLOWING ASSUMPTIONS

Interest and Cost of Insurance

Planned Premiums Paid No Further Premiums Paid	Current #	Guaranteed
		MATURITY April 2014

If Current Interest and Cost of Insurance rates change, your policy expiration dates may change. If you have questions, please contact the Company or your Jefferson Pilot representative.

Projections assume loan interest is added to any Loan Balance.

IMPORTANT POLICY OWNER NOTICE: You should consider requesting more detailed information about your policy to understand how it may perform in the future. You should not consider replacement of your policy or make changes in your coverage without requesting a current illustration. You may annually request, without charge, such an illustration by calling 800-487-1485, writing to Jefferson-Pilot Life Insurance Company at PO Box 21008, Greensboro, NC 27420, or contacting your agent. If you do not receive a current illustration of your policy within 30 days from your request, you should contact your state insurance department.

Agency: 75710
 Agent: 2017858 GREGORY J JUNGBLUT
 11511 KATY FREEWAY
 STE 635
 HOUSTON TX 77079

THANK YOU FOR ALLOWING US TO BE OF SERVICE

P4867

BRUNSTING004279

JEFFERSON PILOT

STATEMENT OF ACCOUNT

Jefferson-Pilot Life Insurance Company
 PO Box 21008
 Greensboro NC 27420-1008
 1-800-487-1485
 www.jpfinancial.com

for period ending 03-15-2006

Policy Number: JP4432833	Coverage Type: FLEXIBLE PREMIUM SURV. LIFE (VIS20A)	
Policy Date: 03-15-1997	Death Benefit Option: LEVEL	Planned Frequency: ANNUAL
Insured: NELVA E BRUNSTING	ELMER HENRY BRUNSTING	Planned Premium: \$7,675.00
Date of Birth: 10-08-1926	09-29-1921	Specified Amount: \$250,000.00
Issue Age: 70	75	Net Death Benefit: \$250,000.00
Sex: F	M	
Owner: ANITA KAY RILEY, TRUSTEE 13630 PINEROCK HOUSTON TX 77079	Policy Values as of:	03-15-2005 03-15-2006
	Net Policy Value:	\$64,474.07 \$70,091.04
	Surrender Value:	\$56,369.07 \$62,723.54
	Loan Balance:	\$.00 \$.00

The Net Death Benefit is the death benefit after any outstanding Loan Balance is deducted.

REPORT OF MONTHLY POLICY ACTIVITY

Month Ending	Premiums Received	Expense Charges	Interest Credited		Total % Rate*	Cost of Insurance*	Cost of Riders*	Partial Surrenders	End of Month Policy Value
			Guaranteed	Excess*					
04-15-2005	.00	10.00	184.14	7.74	3.65	329.60	.00	.00	64,326.35
05-15-2005	.00	10.00	183.70	7.74	3.65	329.87	.00	.00	64,177.92
06-15-2005	.00	10.00	183.28	7.72	3.65	330.14	.00	.00	64,028.78
07-15-2005	.00	10.00	182.84	7.71	3.65	330.40	.00	.00	63,878.93
08-15-2005	.00	10.00	182.41	7.69	3.65	330.67	.00	.00	63,728.36
09-15-2005	.00	10.00	181.99	7.66	3.65	330.94	.00	.00	63,577.07
10-15-2005	.00	10.00	181.54	.00	3.85	331.20	.00	.00	63,417.41
11-15-2005	.00	10.00	181.09	.00	3.85	331.49	.00	.00	63,257.01
12-15-2005	.00	10.00	180.63	.00	3.85	331.77	.00	.00	63,095.87
01-15-2006	.00	10.00	180.17	.00	3.85	332.06	.00	.00	62,933.98
02-15-2006	.00	10.00	179.70	.00	3.85	332.35	.00	.00	62,771.33
03-15-2006	7,675.00	201.88	179.23	.00	3.85	332.64	.00	.00	70,091.04
Totals	7,675.00	311.88	2,180.72	46.26		3,973.13	.00	.00	

Interest has been credited monthly in the determination of policy values. The minimum rate of interest guaranteed is 3.50% for the first 10 years and 4.00% thereafter. Interest in excess of the guaranteed rate may be credited as described in the policy. Such interest, if any, is shown above under "Excess". Excess interest credited on any policy value held as security for a policy loan may be at a different rate.

* This policy contains non-guaranteed factors that may have changed during the policy year. The columns with non-guaranteed factors are asterisked above. Note that the credited interest rate has changed since the previous policy anniversary.

POLICY EXPIRATION DATES - PROJECTED UNDER THE FOLLOWING ASSUMPTIONS

	Interest and Cost of Insurance	
	Current #	Guaranteed
Planned Premiums Paid	MATURITY	February 2013
No Further Premiums Paid	February 2016	December 2010

If Current Interest and Cost of Insurance rates change, your policy expiration dates may change. If you have questions, please contact the Company or your Jefferson Pilot representative.

Projections assume loan interest is added to any Loan Balance.

IMPORTANT POLICY OWNER NOTICE: You should consider requesting more detailed information about your policy to understand how it may perform in the future. You should not consider replacement of your policy or make changes in your coverage without requesting a current illustration. You may annually request, without charge, such an illustration by calling 800-487-1485, or writing to Jefferson-Pilot Life Insurance Company at PO Box 21008, Greensboro, NC 27420, or contacting your agent. If you do not receive a current illustration of your policy within 30 days from your request, you should contact your state insurance department.

Agency: 75710
 Agent: 2017858 GREGORY J JUNGBLUT
 11511 KATY FWY STE 635
 HOUSTON TX 77079

THANK YOU FOR ALLOWING US TO BE OF SERVICE

P4868

BRUNSTING004280

Jefferson-Pilot Life Insurance Company

PO Box 21008

Greensboro, NC 27420

Customer Service Number 1-800-487-1485

Date: March 31, 2005

Policy Number(s)

ANITA KAY RILEY, TRUSTEE
13630 PINEROCK
HOUSTON TX 77079

JP4432833

Policyholder Request for Service

As requested, the following change(s) have been made to your policy(s).

- X A Lost Policy Certificate is enclosed. Please be advised we cannot produce Duplicate Policies for policies that are over 7 years old. A refund check for \$25.00 is enclosed. Beneficiary Changed as requested. A copy of the Endorsement is enclosed.**

Name of Owner has been changed as requested. A copy of the endorsement is enclosed.

Ownership changed as requested. A copy of the Endorsement is enclosed.

The enclosed acknowledgement(s) should be placed with your policy for future reference.

Thank you for the opportunity to be of service. If you should have further questions or concerns, please do not hesitate to contact the Home Office or your Jefferson Pilot Financial representative.

Sincerely,

Alison McGee
Customer Service

Enclosures
Form 1135 Rev 05-02

CC: Agent: 75710
Agency: 2017858

P4869

BRUNSTING004281

1365B

NCPS161604

APR 01, 2005

0001455709

POLICY NO: JP4432833

INSURED:

REFUND OF 25.00 FEE
FOR DUPLICATE POLICY

THIS TRANSACTION MAY AFFECT FUTURE PERFORMANCE AND
SURRENDER VALUES
IF THIS CHECK IS A REFUND - PLEASE DISREGARD THIS NOTICE

NELVA E BRUNSTING
13630 PINEROCK
HOUSTON TX 77079

*****\$25.00
AMOUNT OF CHECK

JEFFERSON PILOT LIFE INS. CO.
1365B

DETACH CHECK HERE

0201

P4870

BRUNSTING004282

JEFFERSON PILOT

Jefferson-Pilot Life Insurance Company
PO Box 21008
Greensboro NC 27420-1008
1-800-487-1485
www.jpfinancial.com

Agency: 75710

ANITA KAY RILEY, TRUSTEE
13630 PINEROCK
HOUSTON TX 77079

Thank you for choosing Jefferson-Pilot Life Insurance Company to fill your life insurance needs. It is our goal to keep you informed about your policy benefits and values.

The enclosed statement reflects the status of your insurance policy as of 03-15-2007. The middle portion of the statement summarizes the monthly activity details for the period from 03-15-2006 to 03-15-2007.

In addition to providing valuable life insurance protection, your policy allows you to accumulate cash values on a tax deferred basis. Because your universal life policy is flexible, you have, within limitations, the option of increasing your premiums or making additional payments at any time. Competitive interest rates are credited on accumulated cash values.

The attached statement includes projections of the policy expiration dates. One projection assumes the continued payment of the planned premium, while the other assumes that no additional premiums are received. Projections are shown using current (not guaranteed) and guaranteed interest and cost of insurance rate assumptions. We, or your agent, can provide you with a more detailed illustration, including projected cash values, if you wish.

Jefferson-Pilot continues to be one of the strongest Life Insurance Companies in the US and has been awarded exceptional ratings from three major rating agencies. Few companies have these exceptional ratings:

Standard & Poor's	AA
A. M. Best	A+
Fitch	AA

Thank you for selecting Jefferson-Pilot. We will continually strive to maintain your trust and confidence. Should anyone suggest that you cancel or replace this policy, or if you need assistance with your insurance program, please contact your Jefferson-Pilot agent or the servicing office shown at the bottom of your statement.

Customer Service
Toll Free 1-800-487-1485

P4871

BRUNSTING004283

JEFFERSON PILOT

STATEMENT OF ACCOUNT

Jefferson-Pilot Life Insurance Company
 PO Box 21008
 Greensboro NC 27420-1008
 1-800-487-1485
 www.jpfinancial.com

for period ending 03-15-2007

Agency: 75710

Policy Number: JP4432833	Coverage Type: FLEXIBLE PREMIUM SURV. LIFE (VIS20A)
Policy Date: 03-15-1997	Death Benefit Option: LEVEL
Insured: NELVA E BRUNSTING	Planned Frequency: ANNUAL
Date of Birth: 10-08-1926	Planned Premium: \$7,675.00
Issue Age: 70	Specified Amount: \$250,000.00
Sex: F	Net Death Benefit: \$250,000.00
Owner: ANITA KAY RILEY, TRUSTEE	
13630 PINEROCK	
HOUSTON TX 77079	

Policy Values as of:	03-15-2006	03-15-2007
Net Policy Value:	\$70,544.14	\$76,081.99
Surrender Value:	\$63,176.64	\$69,451.99
Loan Balance:	\$.00	\$.00

The Net Death Benefit is the death benefit after any outstanding Loan Balance is deducted.

REPORT OF MONTHLY POLICY ACTIVITY

Month Ending	Premiums Received	Expense Charges	Interest Credited		Total % Rate*	Cost of Insurance*	Cost of Riders*	Partial Surrenders	End of Month Policy Value
			Guaranteed	Excess*					
04-15-2006	.00	10.00	201.44	19.81	3.85	368.74	.00	.00	70,386.65
05-15-2006	.00	10.00	200.98	19.76	3.85	369.07	.00	.00	70,228.52
06-15-2006	.00	10.00	200.53	19.71	3.85	369.39	.00	.00	70,069.17
07-15-2006	.00	10.00	200.07	19.67	3.85	369.73	.00	.00	69,909.18
08-15-2006	.00	10.00	199.62	19.61	3.85	370.05	.00	.00	69,748.36
09-15-2006	.00	10.00	199.15	19.58	3.85	370.38	.00	.00	69,586.71
10-15-2006	.00	10.00	198.69	19.52	3.85	370.72	.00	.00	69,424.20
11-15-2006	.00	10.00	198.22	19.48	3.85	371.05	.00	.00	69,260.85
12-15-2006	.00	10.00	197.75	19.43	3.85	371.39	.00	.00	69,096.64
01-15-2007	.00	10.00	197.28	19.39	3.85	371.73	.00	.00	68,931.58
02-15-2007	.00	10.00	196.81	19.34	3.85	372.07	.00	.00	68,765.66
03-15-2007	7,675.00	201.88	196.32	19.30	3.85	372.41	.00	.00	76,081.99
Totals	7,675.00	311.88	2,386.86	234.60		4,446.73	.00	.00	

Interest has been credited monthly in the determination of policy values. The minimum rate of interest guaranteed is 3.50% for the first 10 years and 4.00% thereafter. Interest in excess of the guaranteed rate may be credited as described in the policy. Such interest, if any, is shown above under "Excess". Excess interest credited on any policy value held as security for a policy loan may be at a different rate.

* This policy contains non-guaranteed factors that may have changed during the policy year. The columns with the non-guaranteed factors are asterisked above.

POLICY EXPIRATION DATES - PROJECTED UNDER THE FOLLOWING ASSUMPTIONS

	Interest and Cost of Insurance	
	Current #	Guaranteed
Planned Premiums Paid	MATURITY	December 2013
No Further Premiums Paid	June 2017	December 2011

If Current Interest and Cost of Insurance rates change, your policy expiration dates may change. If you have questions, please contact the Company or your Jefferson Pilot representative.

Projections assume loan interest is added to any Loan Balance.

IMPORTANT POLICY OWNER NOTICE: You should consider requesting more detailed information about your policy to understand how it may perform in the future. You should not consider replacement of your policy or make changes in your coverage without requesting a current illustration. You may annually request, without charge, such an illustration by calling 800-487-1485, or writing to Jefferson-Pilot Life Insurance Company at PO Box 21008, Greensboro, NC 27420, or contacting your agent. If you do not receive a current illustration of your policy within 30 days from your request, you should contact your state insurance department.

Agency: 75710
 Agent: 2017858 GREGORY J JUNGBLUT
 1515 LEATHERWOOD DR
 KATY TX 77450

THANK YOU FOR ALLOWING US TO BE OF SERVICE

P4872

BRUNSTING004284



JEFFERSON PILOT
FINANCIAL



Effective April 3, 2006 Jefferson Pilot Financial has merged with the Lincoln Financial Group.

Please note that there is no change to your benefit and contract coverage. As a policyowner, you need not take any further action.

The merger of equals between Lincoln Financial Group and Jefferson Pilot Financial will create one of the most powerful financial services companies in the nation. The combined company will market a broad, balanced product mix of retirement income, fixed and variable asset protection, accumulation and transfer products and other investment services.

Lincoln Financial Group and Jefferson Pilot Financial both have an excellent reputation for financial strength. While we cannot speculate about our future ratings, we are confident we will continue to enjoy superior financial ratings. Preliminary reports from several ratings agencies predict very little movement for the combined company.

We value your business and look forward to serving you in the future.



The Lincoln National Life Insurance Company
100 N. Greene Street
P.O. Box 21008
Greensboro, NC 27420



Anita Kay Riley, Trustee
13630 Pinerock Ln
Houston TX 77079-5914

Policy No. JP4432833

Anita Kay Riley, Trustee:

Effective April 2, 2007, Jefferson-Pilot Life Insurance Company merged into The Lincoln National Life Insurance Company. For additional information regarding this announcement, please visit our web site at www.lfg.com.

Enclosed is an endorsement showing your new insurer's name as part of the Lincoln Financial Group family of companies. Please take a few minutes to review this document and then place it with your policy certificate or contract. **No additional action is required** by you at this time; your policy, certificate or contract has been transferred automatically to The Lincoln National Life Insurance Company. All future premium notices sent by us will reference The Lincoln National Life Insurance Company.

Unless specifically addressed on the enclosed endorsement, all other terms and conditions of your policy remain the same.

The Corporation's family of companies is consistently rated in the top tier of insurance and annuity companies nationwide. Your policy and the security it provides are backed by a company with financial integrity, investment quality, and stability.

We welcome you to our growing family of policyholders. It is our continuing goal to provide you with the best possible products and services.

If you have a question about your policy, you may contact us or your Lincoln Financial Group representative.

Service Office:
The Lincoln National Life Insurance Company
P.O. Box 21008
Greensboro, NC 27420
1-800-844-5893
www.lfg.com

LFG REPRESENTATIVE:
GREGORY J JUNGBLUT
1515 LEATHERWOOD DR
KATY, TX 77450
(281) 556-5472

Sincerely,

Customer Service
The Lincoln National Life Insurance Company

LLA0612-0299

JPLIC-GSO-LIFE

The Lincoln National Life Insurance Company

Service Office: 100 North Greene Street
P.O. Box 21008
Greensboro, North Carolina 27420

Merger and Name Change Endorsement

This endorsement attaches to and forms a part of your Jefferson-Pilot Life Insurance Company policy, contract or certificate.

Effective April 2, 2007 Jefferson-Pilot Life Insurance Company merged with The Lincoln National Life Insurance Company. As a result of the merger, The Lincoln National Life Insurance Company is responsible for all of Jefferson-Pilot Life Insurance Company's legal obligations, including your policy, contract or certificate. Therefore, all references in the policy, contract or certificate to Jefferson-Pilot Life Insurance Company (Jefferson Pilot) are hereby changed to reflect the surviving company name of The Lincoln National Life Insurance Company.

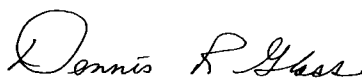
As part of the Merger and Name Change the State of Domicile for the surviving company is Indiana. As a result, any reference in the policy, contract or certificate to State of Domicile or Home State is hereby changed to reference Indiana as the location of the State of Domicile or Home State.

All references to a Home Office address or location in the policy, contract or certificate are hereby changed to reference Fort Wayne, Indiana as the location of the Home Office, Home State or State of Domicile.

All of the other terms and benefits of your policy, contract or certificate will remain unchanged.

The effective date of this endorsement is April 2, 2007.

Signed for The Lincoln National Life Insurance Company.


Dennis R. Glass
President



The Lincoln National Life Insurance Company, P.O. Box 21008, Greensboro, NC 27420-1008

IMPORTANT NOTICE

To obtain information or make a complaint:

You may call The Lincoln National Life Insurance Company's toll-free telephone number for information or to make a complaint at

1-800-487-1485 (Greensboro, NC)

You may also write to The Lincoln National Life Insurance Company at the address above.

You may contact the Texas Department of Insurance to obtain information on companies, coverages, rights or complaints at

1-800-252-3439

You may write the Texas Department of Insurance
P.O. Box 149104
Austin, TX 78714-9104
Fax: (512) 475-1771

PREMIUM OR CLAIM DISPUTES: Should you have a dispute concerning your premium or about a claim you should contact the company first. If the dispute is not resolved, you may contact the Texas Department of Insurance.

ATTACH THIS NOTICE TO YOUR POLICY: This notice is for information only and does not become a part or condition of the attached document.

A VISO IMPORTANTE

Para obtener informacion o para someter una queja:

Usted puede llamar al numero de telefono gratis de The Lincoln National Life Insurance Company para informacion o para someter una queja al

1-800-487-1485 (Greensboro, NC)

Usted tambien puede escribir a The Lincoln National Life Insurance Company a la direccion refecida arriba.

Puede comunicarse con el Departamento de Seguros de Texas para obtener informacion acerca de companias, coberturas, derechos o quejas al

1-800-252-3439

Puede escribir al Departamento de Seguros de Texas
P.O. Box 149104
Austin, TX 78714-9104
Fax: (512) 475-1771

DISPURAS SOBRE PRIMAS O RECLAMOS: Si tiene una disputa concierne a su prima o a un reclamo debe comunicarse con la compania primero. Si no se resuelve la disputa, puede entonces comunicarse con el departamento (TDI).

UNA ESTE AVISO A SU POLIZA: Este aviso es solo para proposito de informacion y no se convierte en parte o condicion del documento adjunto.

P4876

BRUNSTING004288



LINCOLN FINANCIAL GROUP® PRIVACY PRACTICES NOTICE

The Lincoln Financial Group companies* are committed to protecting your privacy. To provide the products and services you expect from a financial services leader, we must collect personal information about you. **We do not sell your personal information to third parties.** We share your personal information with third parties as necessary to provide you with the products or services you request and to administer your business with us. This notice describes our current privacy practices. While your relationship with us continues, we will update and send our Privacy Practices Notice as required by law. Even after that relationship ends, we will continue to protect your personal information. **You do not need to take any action because of this notice, but you do have certain rights as described below.**

INFORMATION WE MAY COLLECT AND USE

We collect personal information about you to help us identify you as our customer or our former customer; to process your requests and transactions; to offer investment or insurance services to you; to pay your claim; or to tell you about our products or services we believe you may want and use. The type of personal information we collect depends on the products or services you request and may include the following:

- **Information from you:** You give us information when you submit your application or other forms, such as your name, address, Social Security number; and your financial, health, and employment history.
- **Information about your transactions:** We keep information about your transactions with us, such as the products you buy from us; the amount you paid for those products; your account balances; and your payment history.
- **Information from outside our family of companies:** If you are purchasing insurance products, we may collect information from consumer reporting agencies such as your credit history; credit scores; and driving and employment records. With your authorization, we may also collect information from other individuals or businesses, such as medical information.
- **Information from your employer:** If your employer purchases group products from us, we may obtain information about you from your employer in order to enroll you in the plan.

HOW WE USE YOUR PERSONAL INFORMATION

We may share your personal information within our companies and with certain service providers. They use this information to process transactions you have requested; provide customer service; and inform you of products or services we offer that you may find useful. Our service providers may or may not be affiliated with us. They include financial service providers (for example, third party administrators; broker-dealers; insurance agents and brokers, registered representatives; reinsurers; and other financial services companies with whom we have joint marketing agreements). Our service providers also include non-financial companies and individuals (for example, consultants; vendors; and companies that perform marketing services on our behalf). Information obtained from a report prepared by a service provider may be kept by the service provider and shared with other persons; however, we require our service providers to protect your personal information and to use or disclose it only for the work they are performing for us, or as permitted by law.

When you apply for one of our products, we may share information about your application with credit bureaus. We also may provide information to group policy owners, regulatory authorities and law enforcement officials and to others when we believe in good faith that the law requires disclosure. In the event of a sale of all or part of our businesses, we may share customer information as part of the sale. **We do not sell or share your information with outside marketers who may want to offer you their own products and services; nor do we share information we receive about you from a consumer reporting agency. You do not need to take any action for this benefit.**

Lincoln Financial Group is the marketing name for Lincoln National Corporation and its affiliates.

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Page 1 of 2
P4877 7/08

BRUNSTING004289

SECURITY OF INFORMATION

Keeping your information safe is one of our most important responsibilities. We maintain physical, electronic and procedural safeguards to protect your information. Our employees are authorized to access your information only when they need it to provide you with products and services or to maintain your accounts. Employees who have access to your personal information are required to keep it strictly confidential. We provide training to our employees about the importance of protecting the privacy of your information.

Questions about your personal information should be directed to:

Lincoln Financial Group
Attn: Enterprise Services Compliance-Privacy, 6C-00
1300 S. Clinton St.
Fort Wayne, IN 46802

*This information applies to the following Lincoln Financial Group companies:

Allied Professional Advisors, Inc.
First Penn-Pacific Life Insurance Company
Hampshire Funding, Inc.
JPSC Insurance Services, Inc.
Lincoln Financial Advisors Corporation

Lincoln Financial Securities Corporation (formerly known
as Jefferson Pilot Securities Corporation)
Lincoln Investment Advisors Corporation
Lincoln Life & Annuity Company of New York
Lincoln Variable Insurance Products Trust
The Lincoln National Life Insurance Company

ADDITIONAL PRIVACY INFORMATION FOR INSURANCE PRODUCT CUSTOMERS

CONFIDENTIALITY OF MEDICAL INFORMATION

We understand you may be especially concerned about the privacy of your medical information. We do not sell or rent your medical information to anyone; nor do we share it with others for marketing purposes. We only use and share your medical information for the purpose of underwriting insurance, administering your policy or claim and other purposes permitted by law, such as disclosure to regulatory authorities or in response to a legal proceeding.

MAKING SURE MEDICAL INFORMATION IS ACCURATE

We want to make sure we have accurate information about you. Upon written request, we will tell you, within 30 business days, what personal information we have about you. You may see a copy of your personal information in person or receive a copy by mail, whichever you prefer. We will share with you who provided the information. In some cases we may provide your medical information to your personal physician. We will not provide you with information we have collected in connection with, or in anticipation of, a claim or legal proceeding. If you believe that any of our records are not correct, you may write and tell us of any changes you believe should be made. We will respond to your request within 30 business days. A copy of your request will be kept on file with your personal information so anyone reviewing your information in the future will be aware of your request. If we make changes to your records as a result of your request, we will notify you in writing and we will send the updated information, at your request, to any person who may have received the information within the prior two years. We will also send the updated information to any insurance support organization that gave us the information, and any service provider that received the information within the prior 7 years.

Questions about your personal medical information should be directed to:

Lincoln Financial Group
Attn: Medical Underwriting
P.O. Box 21008
Greensboro, NC 27420-1008

The CONFIDENTIALITY OF MEDICAL INFORMATION and MAKING SURE INFORMATION IS ACCURATE sections of this Notice apply to the following Lincoln Financial Group companies:

First Penn-Pacific Life Insurance Company
Lincoln Life & Annuity Company of New York
The Lincoln National Life Insurance Company

LINCOLN NATIONAL LIFE INS

The Lincoln National Life Insurance Company
PO Box 21008
Greensboro NC 27420-1008
1-800-487-1485
www.LFG.com

Agency: 75710

ANITA KAY RILEY, TRUSTEE
13630 PINEROCK
HOUSTON TX 77079

Thank you for choosing Lincoln National Life Insurance Company to fill your life insurance needs. It is our goal to keep you informed about your policy benefits and values.

The enclosed statement reflects the status of your insurance policy as of 03-15-2008. The middle portion of the statement summarizes the monthly activity details for the period from 03-15-2007 to 03-15-2008.

In addition to providing valuable life insurance protection, your policy allows you to accumulate cash values on a tax deferred basis. Because your universal life policy is flexible, you have, within limitations, the option of increasing your premiums or making additional payments at any time. Competitive interest rates are credited on accumulated cash values.

The attached statement includes projections of the policy expiration dates. One projection assumes the continued payment of the planned premium, while the other assumes that no additional premiums are received. Projections are shown using current (not guaranteed) and guaranteed interest and cost of insurance rate assumptions. We, or your agent, can provide you with a more detailed illustration, including projected cash values, if you wish.

Lincoln National continues to be one of the strongest Life Insurance Companies in the US and has been awarded exceptional ratings from three major rating agencies. Few companies have these exceptional ratings:

Standard & Poor's	AA
A. M. Best	A+
Fitch	AA

Thank you for selecting Lincoln National. We will continually strive to maintain your trust and confidence. Should anyone suggest that you cancel or replace this policy, or if you need assistance with your insurance program, please contact your Lincoln National agent or the servicing office shown at the bottom of your statement.

Customer Service
Toll Free 1-800-487-1485

P4879

BRUNSTING004291



LINCOLN FINANCIAL GROUP® PRIVACY PRACTICES NOTICE

The Lincoln Financial Group companies* are committed to protecting your privacy. To provide the products and services you expect from a financial services leader, we must collect personal information about you. **We do not sell your personal information to third parties.** We share your personal information with third parties as necessary to provide you with the products or services you request and to administer your business with us. This notice describes our current privacy practices. While your relationship with us continues, we will update and send our Privacy Practices Notice as required by law. Even after that relationship ends, we will continue to protect your personal information. **You do not need to take any action because of this notice, but you do have certain rights as described below.**

INFORMATION WE MAY COLLECT AND USE

We collect personal information about you to help us identify you as our customer or our former customer; to process your requests and transactions; to offer investment or insurance services to you; to pay your claim; or to tell you about our products or services we believe you may want and use. The type of personal information we collect depends on the products or services you request and may include the following:

- **Information from you:** You give us information when you submit your application or other forms, such as your name, address, Social Security number; and your financial, health, and employment history.
- **Information about your transactions:** We keep information about your transactions with us, such as the products you buy from us; the amount you paid for those products; your account balances; and your payment history.
- **Information from outside our family of companies:** If you are purchasing insurance products, we may collect information from consumer reporting agencies such as your credit history; credit scores; and driving and employment records. With your authorization, we may also collect information from other individuals or businesses, such as medical information.
- **Information from your employer:** If your employer purchases group products from us, we may obtain information about you from your employer in order to enroll you in the plan.

HOW WE USE YOUR PERSONAL INFORMATION

We may share your personal information within our companies and with certain service providers. They use this information to process transactions you have requested; provide customer service; and inform you of products or services we offer that you may find useful. Our service providers may or may not be affiliated with us. They include financial service providers (for example, third party administrators; broker-dealers; insurance agents and brokers, registered representatives; reinsurers; and other financial services companies with whom we have joint marketing agreements). Our service providers also include non-financial companies and individuals (for example, consultants; vendors; and companies that perform marketing services on our behalf). Information obtained from a report prepared by a service provider may be kept by the service provider and shared with other persons; however, we require our service providers to protect your personal information and to use or disclose it only for the work they are performing for us, or as permitted by law.

When you apply for one of our products, we may share information about your application with credit bureaus. We also may provide information to group policy owners, regulatory authorities and law enforcement officials and to others when we believe in good faith that the law requires disclosure. In the event of a sale of all or part of our businesses, we may share customer information as part of the sale. **We do not sell or share your information with outside marketers who may want to offer you their own products and services; nor do we share information we receive about you from a consumer reporting agency. You do not need to take any action for this benefit.**

SECURITY OF INFORMATION

Keeping your information safe is one of our most important responsibilities. We maintain physical, electronic and procedural safeguards to protect your information. Our employees are authorized to access your information only when they need it to provide you with products and services or to maintain your accounts. Employees who have access to your personal information are required to keep it strictly confidential. We provide training to our employees about the importance of protecting the privacy of your information.

Questions about your personal information should be directed to:

Lincoln Financial Group
Attn: Enterprise Services Compliance-Privacy, 6C-00
1300 S. Clinton St.
Fort Wayne, IN 46801

*This information applies to the following Lincoln Financial Group companies:

Allied Professional Advisors, Inc.
First Penn-Pacific Life Insurance Company
Hampshire Funding, Inc.
Jefferson Pilot Securities Corporation
JPSC Insurance Services, Inc.

Lincoln Financial Advisors Corporation
Lincoln Investment Advisors Corporation
Lincoln Life & Annuity Company of New York
Lincoln Variable Insurance Products Trust
The Lincoln National Life Insurance Company

ADDITIONAL PRIVACY INFORMATION FOR INSURANCE PRODUCT CUSTOMERS

CONFIDENTIALITY OF MEDICAL INFORMATION

We understand you may be especially concerned about the privacy of your medical information. We do not sell or rent your medical information to anyone; nor do we share it with others for marketing purposes. We only use and share your medical information for the purpose of underwriting insurance, administering your policy or claim and other purposes permitted by law, such as disclosure to regulatory authorities or in response to a legal proceeding.

MAKING SURE MEDICAL INFORMATION IS ACCURATE

We want to make sure we have accurate information about you. Upon written request, we will tell you, within 30 business days, what personal information we have about you. You may see a copy of your personal information in person or receive a copy by mail, whichever you prefer. We will share with you who provided the information. In some cases we may provide your medical information to your personal physician. We will not provide you with information we have collected in connection with, or in anticipation of, a claim or legal proceeding. If you believe that any of our records are not correct, you may write and tell us of any changes you believe should be made. We will respond to your request within 30 business days. A copy of your request will be kept on file with your personal information so anyone reviewing your information in the future will be aware of your request. If we make changes to your records as a result of your request, we will notify you in writing and we will send the updated information, at your request, to any person who may have received the information within the prior two years. We will also send the updated information to any insurance support organization that gave us the information, and any service provider that received the information within the prior seven years.

Questions about your personal medical information should be directed to:

Lincoln Financial Group
Attn: Medical Underwriting
P.O. Box 21008
Greensboro, NC 27420-1008

The CONFIDENTIALITY OF MEDICAL INFORMATION and MAKING SURE INFORMATION IS ACCURATE sections of this Notice apply to the following Lincoln Financial Group companies:

First Penn-Pacific Life Insurance Company
Lincoln Life & Annuity Company of New York
The Lincoln National Life Insurance Company

LINCOLN NATIONAL LIFE INS CO STATEMENT OF ACCOUNT

The Lincoln National Life Insurance Company
 PO Box 21008
 Greensboro NC 27420-1008
 1-800-487-1485
 www.LFG.com

for period ending 03-15-2008

Agency: 75710

Policy Number: JP4432833	Coverage Type: FLEXIBLE PREMIUM SURV. LIFE (VIS20A)
Policy Date: 03-15-1997	Death Benefit Option: LEVEL
Insured: NELVA E BRUNSTING	Planned Frequency: ANNUAL
Date of Birth: 10-08-1926	ELMER HENRY BRUNSTING
Issue Age: 70	09-29-1921
Sex: F	75
Owner: ANITA KAY RILEY, TRUSTEE	M
13630 PINEROCK	
HOUSTON TX 77079	

Planned Premium:	\$7,675.00
Specified Amount:	\$250,000.00
Net Death Benefit:	\$250,000.00

Policy Values as of:	03-15-2007	03-15-2008
Net Policy Value:	\$76,081.99	\$81,668.17
Surrender Value:	\$69,451.99	\$75,773.17
Loan Balance:	\$.00	\$.00

The Net Death Benefit is the death benefit after any outstanding Loan Balance is deducted.

REPORT OF MONTHLY POLICY ACTIVITY

Month Ending	Premiums Received	Expense Charges	Interest Credited		Total % Rate*	Cost of Insurance*	Cost of Riders*	Partial Surrenders	End of Month Policy Value
			Guaranteed	Excess*					
04-15-2007	.00	10.00	247.71	21.25	4.35	407.01	.00	.00	75,933.94
05-15-2007	.00	10.00	247.23	21.21	4.35	407.36	.00	.00	75,785.02
06-15-2007	.00	10.00	246.74	15.13	4.25	407.71	.00	.00	75,629.18
07-15-2007	.00	10.00	246.23	15.09	4.25	408.07	.00	.00	75,472.43
08-15-2007	.00	10.00	245.71	15.06	4.25	408.44	.00	.00	75,314.76
09-15-2007	.00	10.00	245.20	15.03	4.25	408.81	.00	.00	75,156.18
10-15-2007	.00	10.00	244.67	15.01	4.25	409.19	.00	.00	74,996.67
11-15-2007	.00	10.00	244.15	14.97	4.25	409.57	.00	.00	74,836.22
12-15-2007	.00	10.00	243.62	14.95	4.25	409.94	.00	.00	74,674.85
01-15-2008	.00	10.00	243.09	14.91	4.25	410.32	.00	.00	74,512.53
02-15-2008	.00	10.00	242.56	14.87	4.25	410.70	.00	.00	74,349.26
03-15-2008	7,675.00	201.88	242.02	14.85	4.25	411.08	.00	.00	81,668.17
Totals	7,675.00	311.88	2,938.93	192.33		4,908.20	.00	.00	

Interest has been credited monthly in the determination of policy values. The minimum rate of interest guaranteed is 4.00% for the first 10 years and 4.00% thereafter. Interest in excess of the guaranteed rate may be credited as described in the policy. Such interest, if any, is shown above under "Excess". Excess interest credited on any policy value held as security for a policy loan may be at a different rate.

* This policy contains non-guaranteed factors that may have changed during the policy year. The columns with non-guaranteed factors are asterisked above. Note that the credited interest rate has changed since the previous policy anniversary.

POLICY EXPIRATION DATES - PROJECTED UNDER THE FOLLOWING ASSUMPTIONS

	Interest and Cost of Insurance	
	Current #	Guaranteed
Planned Premiums Paid	MATURITY	September 2014
No Further Premiums Paid	May 2018	November 2012

If Current Interest and Cost of Insurance rates change, your policy expiration dates may change. If you have questions, please contact the Company or your Lincoln National representative.

Projections assume loan interest is added to any Loan Balance.

IMPORTANT POLICY OWNER NOTICE: You should consider requesting more detailed information about your policy to understand how it may perform in the future. You should not consider replacement of your policy or make changes in your coverage without requesting a current illustration. You may annually request, without charge, such an illustration by calling 800-487-1485, or writing to Lincoln National Life Insurance Company at PO Box 21008, Greensboro, NC 27420, or contacting your agent. If you do not receive a current illustration of your policy within 30 days from your request, you should contact your state insurance department.

Agency: 75710
 Agent: 2017858 GREGORY J JUNGBLUT
 1515 LEATHERWOOD DR
 KATY TX 77450

THANK YOU FOR ALLOWING US TO BE OF SERVICE

P4882

BRUNSTING004294

LINCOLN NATIONAL LIFE INS

The Lincoln National Life Insurance Company
PO Box 21008
Greensboro NC 27420-1008
1-800-487-1485
www.LFG.com

Agency: 75710

ANITA KAY RILEY, TRUSTEE
13630 PINEROCK
HOUSTON TX 77079

Thank you for choosing Lincoln National Life Insurance Company to fill your life insurance needs. It is our goal to keep you informed about your policy benefits and values.

The enclosed statement reflects the status of your insurance policy as of 03-15-2009. The middle portion of the statement summarizes the monthly activity details for the period from 03-15-2008 to 03-15-2009.

In addition to providing valuable life insurance protection, your policy allows you to accumulate cash values on a tax deferred basis. Because your universal life policy is flexible, you have, within limitations, the option of increasing your premiums or making additional payments at any time. Competitive interest rates are credited on accumulated cash values.

The attached statement includes projections of the policy expiration dates. One projection assumes the continued payment of the planned premium, while the other assumes that no additional premiums are received. Projections are shown using current (not guaranteed) and guaranteed interest and cost of insurance rate assumptions. We, or your agent, can provide you with a more detailed illustration, including projected cash values, if you wish.

Lincoln National continues to be one of the strongest Life Insurance Companies in the US and has been awarded exceptional ratings from three major rating agencies. Few companies have these exceptional ratings:

Standard & Poor's	AA
A. M. Best	A+
Fitch	AA

Thank you for selecting Lincoln National. We will continually strive to maintain your trust and confidence. Should anyone suggest that you cancel or replace this policy, or if you need assistance with your insurance program, please contact your Lincoln National agent or the servicing office shown at the bottom of your statement.

Customer Service
Toll Free 1-800-487-1485

P4883

BRUNSTING004295

LINCOLN NATIONAL LIFE INS CO STATEMENT OF ACCOUNT

The Lincoln National Life Insurance Company
 PO Box 21008
 Greensboro NC 27420-1008
 1-800-487-1485
 www.LFG.com

for period ending 03-15-2009

Agency: 75710

Policy Number: JP4432833 Coverage Type: FLEXIBLE PREMIUM SURV. LIFE (VIS20A)
 Policy Date: 03-15-1997 Death Benefit Option: LEVEL Planned Frequency: ANNUAL
 Insured: NELVA E BRUNSTING ELMER HENRY BRUNSTING Planned Premium: \$7,675.00
 Date of Birth: 10-08-1926 09-29-1921 Specified Amount: \$250,000.00
 Issue Age: 70 75 Net Death Benefit: \$250,000.00
 Sex: F M
 Owner: ANITA KAY RILEY, TRUSTEE Policy Values as of: 03-15-2008 03-15-2009
 13630 PINEROCK
 HOUSTON TX 77079
 Net Policy Value: \$81,668.17 \$79,435.89
 Surrender Value: \$75,773.17 \$74,278.39
 Loan Balance: \$.00 \$.00

The Net Death Benefit is the death benefit after any outstanding Loan Balance is deducted.

REPORT OF MONTHLY POLICY ACTIVITY

Month Ending	Premiums Received	Expense Charges	Interest Credited		Total % Rate*	Cost of Insurance*	Cost of Riders*	Partial Surrenders	End of Month Policy Value
			Guaranteed	Excess*					
04-15-2008	.00	10.00	265.87	16.30	4.25	445.90	.00	.00	81,494.44
05-15-2008	.00	10.00	265.30	16.27	4.25	446.37	.00	.00	81,319.64
06-15-2008	.00	10.00	264.73	9.74	4.15	446.83	.00	.00	81,137.28
07-15-2008	.00	10.00	264.13	9.72	4.15	447.31	.00	.00	80,953.82
08-15-2008	.00	10.00	263.52	9.70	4.15	447.81	.00	.00	80,769.23
09-15-2008	.00	10.00	262.92	9.67	4.15	448.29	.00	.00	80,583.53
10-15-2008	.00	10.00	262.31	9.65	4.15	448.79	.00	.00	80,396.70
11-15-2008	.00	10.00	261.69	9.63	4.15	449.28	.00	.00	80,208.74
12-15-2008	.00	10.00	261.08	9.61	4.15	449.79	.00	.00	80,019.64
01-15-2009	.00	10.00	260.46	9.58	4.15	450.29	.00	.00	79,829.39
02-15-2009	.00	10.00	259.84	9.55	4.15	450.80	.00	.00	79,637.98
03-15-2009	.00	10.00	259.21	.00	4.00	451.30	.00	.00	79,435.89
Totals	.00	120.00	3,151.06	119.42		5,382.76	.00	.00	

Interest has been credited monthly in the determination of policy values. The minimum rate of interest guaranteed is 4.00% for the first 10 years and 4.00% thereafter. Interest in excess of the guaranteed rate may be credited as described in the policy. Such interest, if any, is shown above under "Excess". Excess interest credited on any policy value held as security for a policy loan may be at a different rate.

* This policy contains non-guaranteed factors that may have changed during the policy year. The columns with non-guaranteed factors are asterisked above. Note that the credited interest rate has changed since the previous policy anniversary.

POLICY EXPIRATION DATES - PROJECTED UNDER THE FOLLOWING ASSUMPTIONS

Planned Premiums Paid No Further Premiums Paid	Interest and Cost of Insurance	
	Current #	Guaranteed
	MATURITY March 2019	April 2015 October 2013

* If Current Interest and Cost of Insurance rates change, your policy expiration dates may change. If you have questions, please contact the Company or your Lincoln National representative.

Projections assume loan interest is added to any Loan Balance.

IMPORTANT POLICY OWNER NOTICE: You should consider requesting more detailed information about your policy to understand how it may perform in the future. You should not consider replacement of your policy or make changes in your coverage without requesting a current illustration. You may annually request, without charge, such an illustration by calling 800-487-1485, or writing to Lincoln National Life Insurance Company at PO Box 21008, Greensboro, NC 27420, or contacting your agent. If you do not receive a current illustration of your policy within 30 days from your request, you should contact your state insurance department.

Agency: 75710
 Agent: 2017858 GREGORY J JUNGBLUT
 1515 LEATHERWOOD DR
 KATY TX 77450

THANK YOU FOR ALLOWING US TO BE OF SERVICE

P4884

BRUNSTING004296



LINCOLN FINANCIAL GROUP® PRIVACY PRACTICES NOTICE

The Lincoln Financial Group companies* are committed to protecting your privacy. To provide the products and services you expect from a financial services leader, we must collect personal information about you. **We do not sell your personal information to third parties.** We share your personal information with third parties as necessary to provide you with the products or services you request and to administer your business with us. This Notice describes our current privacy practices. While your relationship with us continues, we will update and send our Privacy Practices Notice as required by law. Even after that relationship ends, we will continue to protect your personal information. **You do not need to take any action because of this Notice, but you do have certain rights as described below.**

INFORMATION WE MAY COLLECT AND USE

We collect personal information about you to help us identify you as our customer or our former customer; to process your requests and transactions; to offer investment or insurance services to you; to pay your claim; or to tell you about our products or services we believe you may want and use. The type of personal information we collect depends on the products or services you request and may include the following:

- **Information from you:** When you submit your application or other forms, you give us information such as your name, address, Social Security number; and your financial, health, and employment history.
- **Information about your transactions:** We keep information about your transactions with us, such as the products you buy from us; the amount you paid for those products; your account balances; and your payment history.
- **Information from outside our family of companies:** If you are purchasing insurance products, we may collect information from consumer reporting agencies such as your credit history; credit scores; and driving and employment records. With your authorization, we may also collect information, such as medical information from other individuals or businesses.
- **Information from your employer:** If your employer purchases group products from us, we may obtain information about you from your employer in order to enroll you in the plan.

HOW WE USE YOUR PERSONAL INFORMATION

We may share your personal information within our companies and with certain service providers. They use this information to process transactions you have requested; provide customer service; and inform you of products or services we offer that you may find useful. Our service providers may or may not be affiliated with us. They include financial service providers (for example, third party administrators; broker-dealers; insurance agents and brokers, registered representatives; reinsurers and other financial services companies with whom we have joint marketing agreements). Our service providers also include non-financial companies and individuals (for example, consultants; vendors; and companies that perform marketing services on our behalf). Information we obtain from a report prepared by a service provider may be kept by the service provider and shared with other persons; however, we require our service providers to protect your personal information and to use or disclose it only for the work they are performing for us, or as permitted by law.

When you apply for one of our products, we may share information about your application with credit bureaus. We also may provide information to group policy owners, regulatory authorities and law enforcement officials and to others when we believe in good faith that the law requires disclosure. In the event of a sale of all or part of our businesses, we may share customer information as part of the sale. **We do not sell or share your information with outside marketers who may want to offer you their own products and services; nor do we share information we receive about you from a consumer reporting agency. You do not need to take any action for this benefit.**

SECURITY OF INFORMATION

We have an important responsibility to keep your information safe. We use safeguards to protect your information from unauthorized disclosure. Our employees are authorized to access your information only when they need it to provide you with products, services, or to maintain your accounts. Employees who have access to your personal information are required to keep it confidential. Employees are trained on the importance of data privacy.

Questions about your personal information should be directed to:

Lincoln Financial Group
Attn: Enterprise Services Compliance-Privacy, 6C-00
1300 S. Clinton St.
Fort Wayne, IN 46802

Please include all policy/contract/account numbers with your correspondence.

*This information applies to the following Lincoln Financial Group companies:

First Penn-Pacific Life Insurance Company
Lincoln Investment Advisors Corporation
Lincoln Life & Annuity Company of New York
Lincoln Variable Insurance Products Trust
The Lincoln National Life Insurance Company

ADDITIONAL PRIVACY INFORMATION FOR INSURANCE PRODUCT CUSTOMERS

CONFIDENTIALITY OF MEDICAL INFORMATION

We understand that you may be especially concerned about the privacy of your medical information. We do not sell or rent your medical information to anyone; nor do we share it with others for marketing purposes. We only use and share your medical information for the purpose of underwriting insurance, administering your policy or claim and other purposes permitted by law, such as disclosure to regulatory authorities or in response to a legal proceeding.

MAKING SURE MEDICAL INFORMATION IS ACCURATE

We want to make sure we have accurate information about you. Upon written request we will tell you, within 30 business days, what personal information we have about you. You may see a copy of your personal information in person or receive a copy by mail, whichever you prefer. We will share with you who provided the information. In some cases we may provide your medical information to your personal physician. We will not provide you with information we have collected in connection with, or in anticipation of, a claim or legal proceeding. If you believe that any of our records are not correct, you may write and tell us of any changes you believe should be made. We will respond to your request within 30 business days. A copy of your request will be kept on file with your personal information so anyone reviewing your information in the future will be aware of your request. If we make changes to your records as a result of your request, we will notify you in writing and we will send the updated information, at your request, to any person who may have received the information within the prior two years. We will also send the updated information to any insurance support organization that gave us the information, and any service provider that received the information within the prior 7 years.

Questions about your personal medical information should be directed to:

Lincoln Financial Group
Attn: Medical Underwriting
P.O. Box 21008
Greensboro, NC 27420-1008

The CONFIDENTIALITY OF MEDICAL INFORMATION and MAKING SURE INFORMATION IS ACCURATE sections of this Notice apply to the following Lincoln Financial Group companies:

First Penn-Pacific Life Insurance Company
Lincoln Life & Annuity Company of New York
The Lincoln National Life Insurance Company

P4886

Page 2 of 2
6/09

LINCOLN NATIONAL LIFE INS

The Lincoln National Life Insurance Company
PO Box 21008
Greensboro NC 27420-1008
1-800-487-1485
www.LincolnFinancial.com

Agency: 75710

ANITA KAY RILEY, TRUSTEE
13630 PINEROCK
HOUSTON TX 77079

Thank you for choosing Lincoln National Life Insurance Company to fill your life insurance needs. It is our goal to keep you informed about your policy benefits and values.

The enclosed statement reflects the status of your insurance policy as of 03-15-2010. The middle portion of the statement summarizes the monthly activity details for the period from 03-15-2009 to 03-15-2010.

In addition to providing valuable life insurance protection, your policy allows you to accumulate cash values on a tax deferred basis. Because your universal life policy is flexible, you have, within limitations, the option of increasing your premiums or making additional payments at any time. Competitive interest rates are credited on accumulated cash values.

The attached statement includes projections of the policy expiration dates. One projection assumes the continued payment of the planned premium, while the other assumes that no additional premiums are received. Projections are shown using current (not guaranteed) and guaranteed interest and cost of insurance rate assumptions. We, or your agent, can provide you with a more detailed illustration, including projected cash values, if you wish.

Thank you for selecting Lincoln National. We will continually strive to maintain your trust and confidence. Should anyone suggest that you cancel or replace this policy, or if you need assistance with your insurance program, please contact your Lincoln National agent or the servicing office shown at the bottom of your statement.

Customer Service
Toll Free 1-800-487-1485

P4887

BRUNSTING004299

LINCOLN NATIONAL LIFE INS CO STATEMENT OF ACCOUNT

The Lincoln National Life Insurance Company
 PO Box 21008
 Greensboro NC 27420-1008
 1-800-487-1485
 www.LFG.com

for period ending 03-15-2010

Claims
 800-487-1485 opt.#1, ext 4559

Agency: 75710

Policy Number: JP4432833 Coverage Type: FLEXIBLE PREMIUM SURV. LIFE (VIS20A)
 Policy Date: 03-15-1997 Death Benefit Option: LEVEL Planned Frequency: ANNUAL
 Insured: NELVA E BRUNSTING ELMER HENRY BRUNSTING Planned Premium: \$7,675.00
 Date of Birth: 10-08-1926 09-29-1921 Specified Amount: \$250,000.00
 Issue Age: 70 75 Net Death Benefit: \$250,000.00
 Sex: F M
 Owner: ANITA KAY RILEY, TRUSTEE Policy Values as of: 03-15-2009 03-15-2010
 13630 PINEROCK
 HOUSTON TX 77079
 Net Policy Value: \$79,435.89 \$91,749.50
 Surrender Value: \$74,278.39 \$87,329.50
 Loan Balance: \$.00 \$.00

The Net Death Benefit is the death benefit after any outstanding Loan Balance is deducted.

REPORT OF MONTHLY POLICY ACTIVITY

Month Ending	Premiums Received	Expense Charges	Interest Credited			Cost of Insurance*	Cost of Riders*	Partial Surrenders	End of Month Policy Value
			Guaranteed	Excess*	Total % Rate*				
04-15-2009	7,675.00	201.88	282.04	.00	4.00	506.81	.00	.00	86,684.24
05-15-2009	.00	10.00	282.16	.00	4.00	485.17	.00	.00	86,471.23
06-15-2009	.00	10.00	281.47	.00	4.00	485.80	.00	.00	86,256.90
07-15-2009	.00	10.00	280.76	.00	4.00	486.44	.00	.00	86,041.22
08-15-2009	.00	10.00	280.05	.00	4.00	487.08	.00	.00	85,824.19
09-15-2009	.00	10.00	279.34	.00	4.00	487.73	.00	.00	85,605.80
10-15-2009	.00	10.00	278.63	.00	4.00	488.39	.00	.00	85,386.04
11-15-2009	.00	10.00	277.90	.00	4.00	489.04	.00	.00	85,164.90
12-15-2009	.00	10.00	277.17	.00	4.00	489.70	.00	.00	84,942.37
01-15-2010	.00	10.00	276.44	.00	4.00	490.37	.00	.00	84,718.44
02-15-2010	.00	10.00	275.71	.00	4.00	491.03	.00	.00	84,493.12
03-15-2010	7,675.00	201.88	274.97	.00	4.00	491.71	.00	.00	91,749.50
Totals	15,350.00	503.76	3,346.64	.00	5,879.27	.00	.00	.00	

Interest has been credited monthly in the determination of policy values. The minimum rate of interest guaranteed is 4.00% for the first 10 years and 4.00% thereafter. Interest in excess of the guaranteed rate may be credited as described in the policy. Such interest, if any, is shown above under "Excess". Excess interest credited on any policy value held as security for a policy loan may be at a different rate.

* This policy contains non-guaranteed factors that may have changed during the policy year. The columns with the non-guaranteed factors are asterisked above.

POLICY EXPIRATION DATES - PROJECTED UNDER THE FOLLOWING ASSUMPTIONS

Interest and Cost of Insurance

Planned Premiums Paid No Further Premiums Paid	Current #	Guaranteed
		MATURITY February 2020

If Current Interest and Cost of Insurance rates change, your policy expiration dates may change. If you have questions, please contact the Company or your Lincoln National representative.

Projections assume loan interest is added to any Loan Balance.

IMPORTANT POLICY OWNER NOTICE: You should consider requesting more detailed information about your policy to understand how it may perform in the future. You should not consider replacement of your policy or make changes in your coverage without requesting a current illustration. You may annually request, without charge, such an illustration by calling 800-487-1485, or writing to Lincoln National Life Insurance Company at PO Box 21008, Greensboro, NC 27420, or contacting your agent. If you do not receive a current illustration of your policy within 30 days from your request, you should contact your state insurance department.

Agency: 75710
 Agent: 2017858 GREGORY J JUNGBLUT
 1515 LEATHERWOOD DR
 KATY TX 77450

THANK YOU FOR ALLOWING US TO BE OF SERVICE

P4888

BRUNSTING004300

PRESERVATION

GREG J. JUNGEBLUT, CLU

PLANNING

820 Gessner, Suite 296
Houston, Texas 77024
(713) 827-0491
Fax: 827-0461

TO: MR. AND MRS. BRUNSTING
FROM: GREG J. JUNGEBLUT, CLU
DATE: 01-13-96
RE: INSURANCE OFFER FROM JEFFERSON PILOT

Dear Mr. and Mrs. Brunsting,

Jefferson Pilot was the company that received two sets of records from Dr. Babaian - one that I received from his office and one they received directly from Dr. Babaian.

One of these sets of records included a description of a chest X-Ray that caused them to want to see a "time vital capacity" test. They informed me about this between the time I called to set up that last visit and the actual visit. The underwriter was showing the report to the company doctor for his opinion.

After our visit, I did get a call informing me that they did want you to do this.

I told them Mr. Brunsting was surprised of this. I told them it made more sense for something like this to be in personal physician files or even the cardiovascular records - not a urologist file! I hinted at the idea of this being something regarding Mrs. Brunsting. (I didn't want to emphasize this too much because I didn't want them to re-consider Mrs. Brunsting.) I also told them I had the offer from Pacific Mutual, that didn't require anything additional.

They called back and said they would issue the coverage as originally offered without you doing this extra medical test.

So, we're back where we were when I was at your home.

The second reason for writing this note is to emphasize that there is this record in Dr. Babaian's medical chart. I'll put this in your lap. It's your decision whether to ask him about this on one of your next visits.

I'll be talking with you in the next few days. (I was thinking about your son-in-law regarding the Marathon.)

Sincerely,



Greg

P4889

PRESERVATION

GREG J. JUNGBLUT, CLU

PLANNING

820 Gessner, Suite 296
Houston, Texas 77024
(713) 827-0491
Fax: 827-0461

December 11, 1996

Mr. and Mrs. Elmer H. Brunsting
13630 Pinerock
Houston, TX 77079

Dear Mr. and Mrs. Brunsting,

I hope this note finds both of you doing well and getting ready for Christmas.

The purpose of this letter is to keep you abreast of the status of the insurance for estate tax purposes.

- You were both medically examined on November 29, 1996.
- We requested medical chart data from:

Dr. Smith, for both of you

Dr. Gaston, for Mr. Brunsting

Dr. Babaian, also for Mr. Brunsting

We have received the material from doctors Smith and Gaston. We await the material from Dr. Babaian.

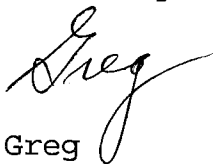
The examinations and the records from Smith and Gaston have been sent to five insurance companies for their review and underwriting opinion.

I will keep you abreast of this as it develops further.

The next step will be to have Al Vacek draft the actual irrevocable trust. I will recommend this after I begin to hear back from these companies.

Should you have any questions, please give me a call.

Sincerely,



Greg

cc: Al E. Vacek, Jr.

P4890

**PRESERVATION
PLANNING, INC.**

GREG J. JUNGEBLUT, CLU

11511 Katy Frwy., Suite 350
Houston, Texas 77079
(281) 556-5472
Fax: 556-5475

February 18, 2002

Ms. Anita Kay Riley, Trustee
13630 Pinerock
Houston, TX 77079

Dear Anita,

It's that time of the year!

On February 12, 1997, an irrevocable trust, entitled THE BRUNSTING FAMILY IRREVOCABLE TRUST, was executed. You were named as Trustee.

A life insurance policy, insuring your Mom and Dad was positioned in that trust in March of 1997. The "due date" of that policy is upon us. (March 15th)

Enclosed is a summary sheet that may be of help. The process is the same as the prior years.

If you have a question, please give me a call. I'll be more than willing to assist in any manner. I look forward to talking with you again.

Sincerely,



Greg J. Jungeblut, CLU

P4891

BRUNSTING004303

PLANNING

11511 Katy Frwy., Suite 635
Houston, Texas 77079
(281) 556-5472
Fax: 556-5475
gregjj@ev1.net

February 16, 2005

Ms. Anita Kay Riley, Trustee
13630 Pinerock
Houston, TX 77079

Dear Anita,

It's that time of the year!

In 1997, an irrevocable trust, entitled THE BRUNSTING FAMILY IRREVOCABLE TRUST, was executed. You were named as Trustee.

A life insurance policy, insuring your Mom and Dad was positioned in that trust in March of 1997. The "due date" of that policy is upon us. (March 15th)

Enclosed is a summary sheet that may be of help. The process is the same as the prior years.

If you have a question, please give me a call. I'll be more than willing to assist in any manner. I look forward to talking with you again.

Sincerely,



Greg J. Jungeblut, CLU

P4892

PLANNING

11511 Katy Frwy., Suite 635
Houston, Texas 77079
(281) 556-5472
Fax: 556-5475
gregji@ev1.net

February 16, 2006

Ms. Anita Kay Riley, Trustee
13630 Pinerock
Houston, TX 77079

Dear Anita,

It's that time of the year!

In 1997, an irrevocable trust, entitled THE BRUNSTING FAMILY IRREVOCABLE TRUST, was executed. You were named as Trustee.

A life insurance policy, insuring your Mom and Dad was positioned in that trust in March of 1997. The "due date" of that policy is upon us. (March 15th)

Enclosed is a summary sheet that may be of help. The process is the same as the prior years.

If you have a question, please give me a call. I'll be more than willing to assist in any manner. I look forward to talking with you again.

Sincerely,



Greg J. Jungeblut, CLU

P4893

Form **1041** U.S. Income Tax Return for Estates and Trusts

Department of the Treasury—Internal Revenue Service

1998

For calendar year 1998 or fiscal year beginning _____, 1998, and ending _____, 19 OMB No. 1545-0092

A Type of entity: <input type="checkbox"/> Decedent's estate <input type="checkbox"/> Simple trust <input type="checkbox"/> Complex trust <input type="checkbox"/> Grantor type trust <input type="checkbox"/> Bankruptcy estate—Ch. 7 <input type="checkbox"/> Bankruptcy estate—Ch. 11 <input type="checkbox"/> Pooled income fund	Name of estate or trust (If a grantor type trust, see page 8 of the instructions.) THE BRUNSTING FAMILY IRREVOCABLE TRUST, DATED FEBRUARY 12, 1997		C Employer identification number 76 6124195
	Name and title of fiduciary ANITA KAY RILEY, TRUSTEE		D Date entity created 02-12-97
	Number, street, and room or suite no. (If a P.O. box, see page 8 of the instructions.) 13630 Riverside		E Nonexempt charitable and split-interest trusts, check applicable boxes (see page 10 of the instructions): <input type="checkbox"/> Described in section 4947(a)(1) <input type="checkbox"/> Not a private foundation <input type="checkbox"/> Described in section 4947(a)(2)
	City or town, state, and ZIP code		

F Check applicable boxes: <input checked="" type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Change in fiduciary's name <input type="checkbox"/> Change in fiduciary's address	G Pooled mortgage account (see page 10 of the instructions): <input type="checkbox"/> Bought <input type="checkbox"/> Sold Date: _____
---	--

Income	1	Interest income	1	12 00
	2	Ordinary dividends	2	18 78
	3	Business income or (loss) (attach Schedule C or C-EZ (Form 1040))	3	
	4	Capital gain or (loss) (attach Schedule D (Form 1041))	4	
	5	Rents, royalties, partnerships, other estates and trusts, etc. (attach Schedule E (Form 1040))	5	
	6	Farm income or (loss) (attach Schedule F (Form 1040))	6	
	7	Ordinary gain or (loss) (attach Form 4797)	7	
	8	Other income. List type and amount	8	18 78
	9	Total income. Combine lines 1 through 8	9	12 00
Deductions	10	Interest. Check if Form 4952 is attached <input type="checkbox"/>	10	
	11	Taxes	11	
	12	Fiduciary fees	12	
	13	Charitable deduction (from Schedule A, line 7)	13	
	14	Attorney, accountant, and return preparer fees	14	
	15a	Other deductions NOT subject to the 2% floor (attach schedule)	15a	
	15b	Allowable miscellaneous itemized deductions subject to the 2% floor	15b	
	16	Total. Add lines 10 through 15b	16	
	17	Adjusted total income or (loss). Subtract line 16 from line 9. Enter here and on Schedule B, line 1	17	
	18	Income distribution deduction (from Schedule B, line 15) (attach Schedules K-1 (Form 1041))	18	
	19	Estate tax deduction (including certain generation-skipping taxes) (attach computation)	19	
20	Exemption	20		
21	Total deductions. Add lines 18 through 20	21	0	
Tax and Payments	22	Taxable income. Subtract line 21 from line 17. If a loss, see page 14 of the instructions	22	12 00 18.78
	23	Total tax (from Schedule G, line 8)	23	0
	24a	Payments: a 1998 estimated tax payments and amount applied from 1997 return	24a	
	24b	b Estimated tax payments allocated to beneficiaries (from Form 1041-T)	24b	
	24c	c Subtract line 24b from line 24a	24c	
	24d	d Tax paid with extension of time to file: <input type="checkbox"/> Form 2758 <input type="checkbox"/> Form 8736 <input type="checkbox"/> Form 8800	24d	
	24e	e Federal income tax withheld. If any is from Form(s) 1099, check <input type="checkbox"/>	24e	
	24h	Other payments: f Form 2439 ; g Form 4136 ; Total	24h	
	25	Total payments. Add lines 24c through 24e, and 24h	25	
26	Estimated tax penalty (see page 15 of the instructions)	26		
27	Tax due. If line 25 is smaller than the total of lines 23 and 26, enter amount owed	27	0	
28	Overpayment. If line 25 is larger than the total of lines 23 and 26, enter amount overpaid	28	0	
29	Amount of line 28 to be: a Credited to 1999 estimated tax ; b Refunded	29	0	

Please Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than fiduciary) is based on all information of which preparer has any knowledge.

Signature of fiduciary or officer representing fiduciary: *Anita* Date: *3/11/99*

EIN of fiduciary if a financial institution (see page 5 of the instructions)

Paid Preparer's Use Only

Preparer's signature: *Anita* Date: *3/11/99* Check if self-employed:

Firm's name (or yours if self-employed) and address: _____ Preparer's social security no. _____

EIN: _____ ZIP code: **P4894**

Schedule A Charitable Deduction. Do not complete for a simple trust or a pooled income fund.

1	Amounts paid or permanently set aside for charitable purposes from gross income (see page 15)	1		
2	Tax-exempt income allocable to charitable contributions (see page 16 of the instructions)	2		
3	Subtract line 2 from line 1	3		
4	Capital gains for the tax year allocated to corpus and paid or permanently set aside for charitable purposes	4		
5	Add lines 3 and 4	5		
6	Section 1202 exclusion allocable to capital gains paid or permanently set aside for charitable purposes (see page 16 of the instructions)	6		
7	Charitable deduction. Subtract line 6 from 5. Enter here and on page 1, line 13	7		0

Schedule B Income Distribution Deduction

1	Adjusted total income (from page 1, line 17) (see page 16 of the instructions)	1		
2	Adjusted tax-exempt interest	2		
3	Total net gain from Schedule D (Form 1041), line 16, column (1) (see page 16 of the instructions)	3		
4	Enter amount from Schedule A, line 4 (reduced by any allocable section 1202 exclusion)	4		
5	Capital gains for the tax year included on Schedule A, line 1 (see page 16 of the instructions)	5		
6	Enter any gain from page 1, line 4, as a negative number. If page 1, line 4, is a loss, enter the loss as a positive number	6		
7	Distributable net income (DNI). Combine lines 1 through 6. If zero or less, enter -0-	7		
8	If a complex trust, enter accounting income for the tax year as determined under the governing instrument and applicable local law	8		
9	Income required to be distributed currently	9		
10	Other amounts paid, credited, or otherwise required to be distributed	10		
11	Total distributions. Add lines 9 and 10. If greater than line 8, see page 17 of the instructions	11		
12	Enter the amount of tax-exempt income included on line 11	12		
13	Tentative income distribution deduction. Subtract line 12 from line 11	13		
14	Tentative income distribution deduction. Subtract line 2 from line 7. If zero or less, enter -0-	14		
15	Income distribution deduction. Enter the smaller of line 13 or line 14 here and on page 1, line 18	15		0

Schedule G Tax Computation (see page 17 of the instructions)

1	Tax: a <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	1a		
	b Tax on lump-sum distributions (attach Form 4972)	1b		
	c Total. Add lines 1a and 1b	1c		
2a	Foreign tax credit (attach Form 1116)	2a		
b	Check: <input type="checkbox"/> Nonconventional source fuel credit <input type="checkbox"/> Form 8834	2b		
c	General business credit. Enter here and check which forms are attached: <input type="checkbox"/> Form 3800 or <input type="checkbox"/> Forms (specify) ▶	2c		
d	Credit for prior year minimum tax (attach Form 8801)	2d		
3	Total credits. Add lines 2a through 2d	3		
4	Subtract line 3 from line 1c	4		
5	Recapture taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611.	5		
6	Alternative minimum tax (from Schedule I, line 39)	6		
7	Household employment taxes. Attach Schedule H (Form 1040)	7		
8	Total tax. Add lines 4 through 7. Enter here and on page 1, line 23	8		0

Other Information

	Yes	No
1 Did the estate or trust receive tax-exempt income? If "Yes," attach a computation of the allocation of expenses. Enter the amount of tax-exempt interest income and exempt-interest dividends ▶ \$		X
2 Did the estate or trust receive all or any part of the earnings (salary, wages, and other compensation) of any individual by reason of a contract assignment or similar arrangement?		X
3 At any time during calendar year 1998, did the estate or trust have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? See page 19 of the instructions for exceptions and filing requirements for Form TD F 90-22.1. If "Yes," enter the name of the foreign country ▶		X
4 During the tax year, did the estate or trust receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," the estate or trust may have to file Form 3520. See page 19 of the instructions		X
5 Did the estate or trust receive, or pay, any seller-financed mortgage interest? If "Yes," see page 19 for required attachment		X
6 If this is an estate or a complex trust making the section 663(b) election, check here (see page 19)		X
7 To make a section 643(e)(3) election, attach Schedule D (Form 1041), and check here (see page 19)		X
8 If the decedent's estate has been open for more than 2 years, attach an explanation for the delay in closing the estate, and check here ▶ <input type="checkbox"/>		X
9 Are any present or future trust beneficiaries skip persons? See page 19 of the instructions		X

P4895

Bank of America



February 24, 1999

Anita K. Riley, Tr For Vocable Trust
 The Brunsting Family Irrevocable Tr
 203 Bloomingdale Cir.
 Victoria, TX 77904-3049



*Para mayor información en
 español, por favor refiérase
 al dorso de esta carta.*

Welcome to a new kind of bank!

Bank of America and NationsBank have joined together to build a new kind of bank. You'll have the combined resources and high level of service that will make your life easier, with the choices, conveniences and technology you need to manage your money more quickly and efficiently. Beginning April 9, 1999, you'll enjoy enhanced access to your accounts with:


- **The largest banking center and ATM network in the U.S.**, with nearly 14,000 ATM locations and almost 5,000 banking centers (our new name for branches) nationwide. In Texas alone, you'll have access to your accounts at 1,400 ATMs and 400 banking centers.
- **Free access to your funds at ATMs** that display the Bank of America, NationsBank or Seafirst sign, no matter where you are.
- **Telephone access and assistance**, 24 hours a day, seven days a week.
- **Bank of America OnlineSM services** that allow you to view your accounts and get information while in the comfort of your own home or office.

You can continue to bank as you always have and many of your accounts, services and monthly maintenance fees remain the same. On page 3 of this package, you'll read about changes and enhancements to your accounts that take effect on April 9, 1999. Please take a moment to review this information as well as the Q&A. We have also provided a locations guide with a complete list of our banking centers in Texas.

(over, please)

If you have questions or you want to learn about other banking services available to you, feel free to visit your local banking center. You can also reach us by phone. Please refer to the detailed list of phone numbers below. We'll be glad to assist you, and we look forward to helping you realize your dreams today and for many years to come.

Sincerely,


Connie Beck
Executive Vice President

Esta carta le brinda información sobre los cambios y mejoras a sus cuentas y servicios como resultado de la consolidación entre Bank of America y NationsBank. A partir del 9 de abril de 1999, usted disfrutará de un acceso más amplio a sus cuentas con la red de sucursales y de cajeros automáticos *ATM* más extensa en Texas. Para mayor información en español, llámenos al 1-888-730-0080 y uno de nuestros representantes bilingües le asistirá con gusto. Esperamos continuar sirviéndole como siempre.

Can we be of service?

If you have more questions after reading the enclosed materials, we can help you.

Through April 10, 1999, please call us at the phone numbers below:

Checking, Savings, CDs	1-888-730-0188 English 1-888-730-0080 Spanish	Mon-Sun, 8:00 a.m. to 8:00 p.m. (CST)
IRAs	1-800-537-0452 English	Mon-Fri, 8:00 a.m. to 8:00 p.m. and Sat, 9:00 a.m. to 4:00 p.m. (CST)
Loans, Lines of Credit	1-800-200-6945 English	Mon-Thur, 8:30 a.m. to 8:00 p.m., Fri, 8:30 a.m. to 9:00 p.m. and Sat, 9:00 a.m. to 4:00 p.m. (CST)

Beginning April 11, 1999, one phone number is all you need to handle all of your banking questions and needs!

English	1-800-247-6262	24 hours a day, 7 days a week
Spanish	1-800-443-2711	Mon-Fri, 7:30 a.m. to 9:00 p.m. and Sat. 8:00 a.m. to 4:00 p.m. (CST)

And with a touch-tone phone you can use our new automated service to do any of the following:

Press "1" to get automated account information.

Press "2" to open a new account, apply for a loan, or get current interest rate information.

Press "3" to get information on PC Banking options.

Press "8" to get information about our new automated service.

Press "0" to speak to a service representative about your accounts.

P4897

Current Account Name	Current Account #	New Account Name	New Account #
Regular Savings	8519206643	Regular Savings	008519206643

The account information is from our account records dated December 11, 1998.

You'll find that it's easier than ever to avoid paying the monthly maintenance fee on your Regular Savings account because the minimum daily balance required to avoid this fee is now just \$250.

In addition, when you keep a minimum daily balance of \$2,500 in your account, you can make an ***unlimited*** number of withdrawals at no charge. Otherwise, you can make up to three withdrawals each month at no charge (\$3.00 for each withdrawal thereafter).* Withdrawals and transfers at the ATM, teller line or through any other electronic means, will now be included in this total number of three withdrawals.

Please note that you can no longer waive the monthly maintenance fee by arranging for automatic transfers to your account. In order to continue having your monthly maintenance fee waived, you may want to consider a Custom Savings account, an account that offers a waived monthly maintenance fee when you have at least one monthly deposit. Call us for details. Interest earned for this account will be compounded monthly and paid on your collected account balance.

If you have only your savings account linked to your ATM card or Check Card, effective April 9, 1999, you will ***not*** be able to make purchases from your savings account. You will continue to have access to your savings account at any ATM. In mid-April, you'll receive a new ATM card for your savings account that will replace your Check Card. Please note, your Personal Identification Number (PIN) will remain the same for your new ATM card.

Watch your mail. Soon, you will receive a package with ***new*** deposit and withdrawal slips. An order form for reordering deposit and withdrawal slips for your savings account after April 9, 1999, will also be enclosed. Please note that if you have used your account in the last six months, you will receive this package automatically.

* Please note that federal regulations require certain transaction limits on savings accounts. No more than six transfers are permitted each month by means of a preauthorized transfer (automatic, wire or telephone). Please see the enclosed *Personal Schedule of Fees, Deposit Agreement and Disclosures* for details.

Important Information About Your Accounts.

P4898

Ordering is easy!

- 1 Please check your address printed below.
- 2 Indicate any changes in the space provided.
- 3 Take this reorder form to any banking center or mail in the enclosed envelope.

BASAV



111000025 0341212088668

© Bank of America

1

Anita K Riley Tr For Vocable Trust
 The Brunsting Family Irrevocable Tr
 203 Bloomingdale Cir
 Victoria TX 77904

2 NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

⑆ 111000025⑆ 008519206643⑆

© Bank of America
CHECKS AND OTHER ITEMS ARE RECEIVED FOR DEPOSIT SUBJECT TO THE PROVISIONS OF THE UNIFORM COMMERCIAL CODE OR ANY APPLICABLE COLLECTION AGREEMENT.

Anita K Riley Tr For Vocable Trust
 The Brunsting Family Irrevocable Tr
 203 Bloomingdale Cir
 Victoria TX 77904

SAVINGS DEPOSIT

DATE _____

SIGNATURE (IF CASH RECEIVED) _____



CASH ▶

CHECKS OR TOTAL FROM OTHER SIDE

▶

SUBTOTAL ▶

LESS CASH ▶

\$

⑆ 111000025⑆ 008519206643⑆

© Bank of America
CHECKS AND OTHER ITEMS ARE RECEIVED FOR DEPOSIT SUBJECT TO THE PROVISIONS OF THE UNIFORM COMMERCIAL CODE OR ANY APPLICABLE COLLECTION AGREEMENT.

Anita K Riley Tr For Vocable Trust
 The Brunsting Family Irrevocable Tr
 203 Bloomingdale Cir
 Victoria TX 77904

SAVINGS DEPOSIT

DATE _____

SIGNATURE (IF CASH RECEIVED) _____



CASH ▶

CHECKS OR TOTAL FROM OTHER SIDE

▶

SUBTOTAL ▶

LESS CASH ▶

\$

⑆ 111000025⑆ 008519206643⑆

© Bank of America
CHECKS AND OTHER ITEMS ARE RECEIVED FOR DEPOSIT SUBJECT TO THE PROVISIONS OF THE UNIFORM COMMERCIAL CODE OR ANY APPLICABLE COLLECTION AGREEMENT.

Anita K Riley Tr For Vocable Trust
 The Brunsting Family Irrevocable Tr
 203 Bloomingdale Cir
 Victoria TX 77904

SAVINGS DEPOSIT

DATE _____

SIGNATURE (IF CASH RECEIVED) _____



CASH ▶

CHECKS OR TOTAL FROM OTHER SIDE

▶

SUBTOTAL ▶

LESS CASH ▶

\$

⑆ 111000025⑆ 008519206643⑆

P4899

BRUNSTING004311



April 6, 1999

Bank of America
Customer Service
P. O. Box 831547
Dallas, TX 75283-1547

Anita K Riley Tr For Vocable Trust
The Brunsting Family Irrevocable Tr
203 Bloomingdale Cir
Victoria TX 77904



Dear Valued Customer:

We are pleased to enclose an initial supply of Bank of America Regular Savings account deposit and withdrawal slips, preprinted with your account number. The use of these new documents will ensure your transactions are posted to your account correctly. **Please destroy any previously unused documents and begin using these new documents immediately.**

Also, for your convenience, we have included a re-order form. When you are ready to order additional withdrawal and deposit slips, please fill out the re-order form and mail it in the enclosed envelope.

If you have questions about your order, please feel free to drop by your local banking center, or call Telephone Banking at 1-800-247-6262. Representatives are available 24 hours a day, seven days a week.

Thank you for allowing us to serve you.

Sincerely,

Joe A. Jeter
Senior Vice President

YBGU0570 000016 01887

Anita K Riley Tr For Vocable Trust
The Brunsting Family Irrevocable Tr
203 Bloomingdale Cir
Victoria TX 77904

DATE _____

SAVINGS
WITHDRAWAL

I WISH TO WITHDRAW FROM
MY SAVINGS ACCOUNT

\$

DOLLARS

Bank of America



NON NEGOTIABLE

SIGNATURE _____

⑆541740159⑆ 008519206643⑈

Anita K Riley Tr For Vocable Trust
The Brunsting Family Irrevocable Tr
203 Bloomingdale Cir
Victoria TX 77904

DATE _____

SAVINGS
WITHDRAWAL

I WISH TO WITHDRAW FROM
MY SAVINGS ACCOUNT

\$

DOLLARS

Bank of America



NON NEGOTIABLE

SIGNATURE _____

⑆541740159⑆ 008519206643⑈

BRUNSTING004312

P4900

Answers to your questions

About my accounts

Q. Can I continue to use the same account number?

A. You can continue to use your **checking** and **savings** account numbers, but you'll see that two zeros have been placed in front of your account number. Your **IRA** and **CD** account numbers will change slightly; they will now be preceded by four new digits. These slightly modified account numbers are shown in the new account name and number chart on page 3 of the enclosed letter. Your loan and line of credit account numbers will change, and the new numbers will be reflected on your first loan or line of credit statement after April 9, 1999.

Q. Can I use the same checks, and deposit and withdrawal slips?

A. Yes. You can continue to use your current supplies of checks, and deposit and withdrawal slips for deposit accounts. When you reorder checks, your new checks will automatically include two leading zeros.

Q. Will my deposits continue to be covered by FDIC insurance?

A. Yes. Your accounts will continue to be insured up to the maximum amount allowed by law. Your retirement accounts will be insured separately from your other accounts. If you have accounts with NationsBank, your accounts will be insured separately from your Bank of America accounts until October 8, 1999. Beginning October 9, 1999, deposits held by the same depositor will be insured together up to \$100,000, the maximum allowed by law. If you also have CD accounts with NationsBank, your accounts will remain insured separately until October 9, 1999, or the first maturity date after October 9, 1999. Any CD that matures and is renewed for the same term and dollar amount between the close of business on April 8, 1999, and October 8, 1999, will also be insured separately until maturity, even if the maturity date occurs after October 9, 1999.

Q. Why is Bank of America changing its look, and when will the change in the bank's logo be reflected at ATMs and banking centers?

A. As a result of the merger between the Bank of America and NationsBank holding companies, the *Bank of America* name was adopted and a new logo created. The new logo will represent the new institution as a whole from coast to coast. With the size and scope of this merger, it will take time for the change in the logo and the look of our signs, documents and forms to take effect.

On April 8, 1999, all of the Bank of America branches in Texas and New Mexico will merge into NationsBank, N.A. In order to introduce our new look and brand, we will do business under the Bank of America name throughout all of our branches in Texas and New Mexico.

You will see signs displaying our new name and logo at your banking center, although we may continue to use our former names on products and documents. In particular, certain banking documents will be stamped to identify the bank as "NationsBank, N.A." until our nationwide merger in July.

During July, all of the Bank of America and NationsBank branches in the country will merge to create Bank of America, N.A., a single national bank from coast to coast. During the summer and the months following, we will be working throughout the nation to change our signs and documents to reflect our new brand.

Whether the sign on the branch says "Bank of America" or "NationsBank," we are united in our commitment to provide you with excellence in financial services.

Q. What is happening to my mortgage loan, dealer direct car loan or student loan?

A. At this time, there will be no changes to the terms and conditions of your mortgage loan, dealer direct car loan or student loan. Please continue to make your payments as you always have. You'll receive information about any changes to these accounts in the coming months.

Q. What is happening to my Bank of America credit card?

A. You can continue to use your current Bank of America credit card. A new Bank of America credit card will not be reissued until the expiration date on your current card.

Q. Will credit life and disability insurance continue for my loans and lines of credit?

A. Yes. Your credit life and disability insurance will continue without interruption.

continued



About my banking services

Q. What about direct deposit, automatic transfers and automatic payment deductions? Will they continue without interruption?

A. Yes. We will make all the arrangements for you, so there will be no interruption in these services.

Q. Will anything change for wire transfers?

A. Yes. Beginning April 9, 1999, the new Fedwire routing transit number will be 111000025. Any wire transfers sent to the old number after April 8, 1999, will be returned by the Federal Reserve. The SWIFT I.D. number will also change to NABKUS44. Please notify any of your business partners who routinely send wire transfers of these changes.

Please note that each new account added to the wire transfer service will receive mail notification advices unless otherwise specified. The mail advice fee of \$1.00 per transaction will continue to be charged. For additional information, please refer to the enclosed *Personal Schedule of Fees, Deposit Agreement and Disclosures* brochure.

Q. Will I continue to receive the same statement(s) that I currently receive?

A. If you currently receive a combined statement, you will continue to receive one. With a combined statement, you will automatically receive a complete list of transaction information for multiple accounts that are linked, including checking, savings and Money Market Savings accounts, and summary information for CDs, IRAs, loans and lines of credit. If you want to link accounts, please call 1-800-247-6262 after April 9, 1999.

Now you can choose to have your statement organized the way you want — listed by category or by date. Statements are also available in larger print or in braille upon request. If your canceled checks are currently held in check safekeeping, this service will continue.

For checking, savings, Money Market Savings, loan or line of credit accounts, you will receive an interim statement detailing your account activity through April 8, 1999. Enclosed with your interim statement will be a brochure, *How to read your new statement*, which will explain the new statement format. Your next statement, in the new format, will detail your account activity from April 9, 1999, to the end of your normal statement cycle.

Q. Will anything change for my Automatic Clearing House (ACH) transfers?

A. Yes. Beginning April 9, 1999, ACH Credits with an effective date of Monday will memo post on Monday morning, instead of Saturday morning.

About my day-to-day banking

Q. When can I begin using all of the Bank of America, NationsBank and Seafirst banking centers?

A. Starting April 9, 1999, you'll have nearly 5,000 banking centers nationwide available so you can cash checks and make deposits from coast to coast. ("Banking center" is our new name for "branch." We changed the name because banking center better conveys all the banking services, assistance and technology at your disposal to make your life a little easier.)

Q. Can I keep using my existing ATM card or Check Card®?

A. Yes. You can continue to use your current ATM card or Check Card. New ATM cards or Check Cards will not be reissued until the expiration date on the card. Please note that your Personal Identification Number (PIN) will not change unless your PIN is all zeros, in which case you need to change your PIN before April 8, 1999, by visiting your local banking center.

Please note: For Money Market Savings and savings accounts, you will no longer be able to make purchases. Beginning April 9, 1999, your Money Market Savings account will be considered a "savings" account at the ATM.

Q. Which ATMs can I use?

A. You'll now have access to 14,000 Bank of America, NationsBank and Seafirst ATM locations across the country. You will continue to enjoy transfers, withdrawals and inquiries at Bank of America, NationsBank and Seafirst ATMs. In addition, you will be able to make installment loan payments and deposits at Bank of America and NationsBank ATMs in AR, DC, FL, GA, IA, IL, KS, MD, MO, NC, NM, OK, SC, TN, TX and VA.*

Q. Are there any new kinds of transactions available to me at Bank of America ATMs in Texas?

A. Yes. **One full statement and an unlimited number of mini-statements each month:** You can receive a record of all transactions since your last statement was produced on a full statement. Or, get your last 5 debits and credits on a mini-statement. **Line of credit:** You will be able to make payments* to and transfers from your line of credit at the ATM. **Reorder checks:** Simply select "Message to bank" and include a reorder form in an envelope at a Bank of America ATM that accepts deposits. **Address change:** Select "Message to bank" and submit a reorder form with your new address in an envelope at a Bank of America ATM that accepts deposits. **Deposits:** Deposit slips are no longer necessary at ATMs that accept deposits.

Q. Will there be any change to the cutoff times at my local banking center or ATM?

A. Beginning April 9, 1999, ATM deposits made by 3:00 p.m. (CST) will be posted to your account that same business day. And, deposits made at banking centers by 4:00 p.m. (CST) will be posted to your account that same business day.

* Not all Bank of America or NationsBank ATMs accept payments and deposits.

ESTATE PLANNING UPDATE

Volume 9, Number 1
Summer, 2002

A Publication to Benefit our Clients

THE VACEK LAW FIRM, PLLC

Albert E. Vacek, Jr. *
Susan S. Vacek



* Board Certified
Estate Planning and
Probate Law
Texas Board of
Legal Specialization



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E-mail Address:
consult@vacek.com



Serving your Estate and
Financial Planning needs
with Services and Guidance
on:

Estate Planning
Asset Protection
Gifting
Estate Taxes
Estate Transfers
Referrals

WHAT HAPPENS WHEN I DIE? (2002 Update)

In our Spring-Summer, 2000 edition of *Estate Planning Update*, we reviewed the procedures that are typically followed when someone passes away with a Living Trust. Now, in light of the changes in estate tax laws passed by Congress in 2001, I felt that it would be a good idea to review this topic again.

As before, it is very important that the surviving Founder or Successor Trustee contact us as soon as possible after our client has passed away. There will be certain housekeeping matters which we must discuss and handle in settlement of the Living Trust estate. In this article, I will use the example of a married couple where the husband is the first to pass away.



STEP 1: IS PROBATE NECESSARY?

The first steps in settling the estate would be to determine whether or not any of the assets are left out of the trust. One of the important reasons for doing a Living Trust estate plan is to avoid the necessity of forcing one's family through probate

Continued page 2

PAY FOR COLLEGE WITH A 529 PLAN

Section 529 of the Internal Revenue Service Code was recently amended in order to create the new **529 College Savings Plan**. Congress has now made it easier to save for a child/grandchild's college education, as well as to lower the taxable estate.

The plan allows for parents or grandparents to establish a 529 Plan for the benefit of any and all children or grandchildren, individually.

Contributions into this account will reduce the size of one's estate and, as a result, may reduce one's estate taxes as well. The new law allows individuals to make an immediate gift of up to \$55,000

per beneficiary (married couples filing jointly can contribute up to \$110,000 per beneficiary) to a 529 Plan without exceeding the federal gift tax exclusion (now set at \$11,000 per year), provided that no other gifts are made within the next five years.

The funds in the 529 Plan account can be used at *any accredited college or university* in the United States, as long as each withdrawal is for a qualified college expense for the beneficiary. And, even better, the withdrawals are *free from income taxes*. As the owner of the account, the *parent/grandparents will control withdrawals* from the account, even after

Continued page 3

\$11,000 Gift Tax Exclusion

Effective January 1st of this year, the gift tax exclusion amount went up from \$10,000 to \$11,000. This now means that a person can give the sum of \$11,000 to as many people as he or she desires in a one year period and not be responsible for gift tax. Of course, as we have always advised our clients, it is best not to give the full \$11,000 amount to any one person. Limit the gift to \$10,500 to allow for Christmas gifts and other items that could run the total annual gift amount over the \$11,000 limit.

BRUNSTING004315

What happens when I die? *continued*

court when one dies. Probate law was not affected by the changes in the federal tax laws. Many people confuse these two issues (that is, probate and estate tax) and think that they mean the same thing. In fact, probate has nothing to do with estate tax. **Probate** is the legal process of deciding who has title to your assets when you die. The problem with probate is that it costs **money**, takes **time**, and worst of all, causes one to lose family **privacy**.

It has been our experience that a properly funded Living Trust totally avoids the necessity of probate. In the few instances where we do find that a client has left an asset out of their Living Trust, we still have the **Pour-over Will** as a backup to transfer the assets into the Living Trust. Only the missing asset would go through the probate process in that case, and the process is usually a little less expensive than a full-blown probate. We are proud to say that, most of the time, our clients never have to go through probate court because they have taken the time to fund their trust properly. Call us if you have questions about funding your Living Trust.

You should **check your assets on a regular basis** to determine whether or not you have properly funded your estate plan. Although most assets merely require the change of the name on the asset from your name to the name of your trust to properly fund your trust, there are a few assets that require special handling, such as your IRAs, 401(k) plans, Keoghs, SEPs, tax-deferred annuities and other similar tax-deferred items.

In order to fund your trust, use your "**White Funding Binder**" which most of our clients received at the time they set up their Living Trust estate plan. It will have all of the personalized letters which are necessary to change title on the various assets, together with step-by-step instructions. In addition, you may have read about our **Free Estate Plan Review Kit** in previous newsletters. The kit has a funding checklist for your convenience. If you have any questions about funding or if you would like our free Review Kit, together with an audio tape or CD, give us a call.

STEP 2: VALUATION OF ESTATE ASSETS

Tax compliance requires that the assets in the estate be valued as of the date of death for several reasons:

- 1) to determine whether or not **death tax returns** are due;
- 2) to determine whether or not it will be necessary to **fund the subtrusts** in your Living Trust estate plan (such as the Decedent's Trust and the various Survivor's Trust Shares); and

- 3) to determine the new, **stepped-up basis** in all of the assets for the Survivor and the rest of the family.

The **stepped-up basis** is particularly important for income tax purposes in the future. For example, perhaps Mom and Dad purchased Exxon stock years ago at \$20 a share. If it is now \$50 a share and Mom and Dad decide to sell it, they will pay capital gains tax on \$30 per share. However, if Dad passes away and the value is \$50 a share, then Mom's new basis will be \$50 rather than the old \$20 acquisition cost per share. That means Mom will not have to pay capital gains tax if she sells it at \$50 per share. As you can see, this is a very important benefit for the Survivor! Although the new tax law puts some limitation on claiming the stepped up basis, generally it will not have too much effect on most families, at this time.



STEP 3: DEATH TAX RETURNS

Although no death taxes are normally due on the death of the first Founder, if the estate of the Founder who died is **greater than the exemption** amount, then it will be necessary to file the Federal Estate Tax Return and the Texas Inheritance Tax Return.

As you probably have noticed from previous Newsletters, Congress did **increase the death tax exemption** amount starting in January, 2002, to \$1 million per person. This exemption will go up to \$1.5 million in 2004, \$2 million dollars in 2006, and \$3.5 million in 2009. If this law remains unchanged, the federal death tax will be totally abandoned in the year 2010. But, **here's the catch:** the tax comes back in 2011 and the exemption goes down to \$1 million again, unless Congress changes that.

Although we can all keep our fingers crossed that Congress does in fact allow the repeal of the death tax to continue, that probably won't happen. Remember, Congress' repeal of the death tax took place before the tragedies of **September 11**. In my opinion, because of the changes which we have witnessed in our country since that date which call for vast sums of money to protect our national security, we will probably never see the death tax go away. Even worse, I anticipate that Congress will be lowering the exemptions once again. I hope that I am wrong.



STEP 4: SUB-TRUST FUNDING

Here's where things begin to get interesting because of the new changes in the tax laws. Congress has squarely placed the Survivor between a rock and a hard place. Should the Survivor fund the sub-trusts provided in the Living Trust estate plan or not?

P4904

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*Board Certified Estate Planning and Probate Law
Texas Board of Legal Specialization

May 1, 2002

DISCLOSURE NOTICE

Your privacy is important to us, and maintaining your trust and confidence is one of our highest priorities. We respect your right to keep your personal information confidential and understand your desire to avoid unwanted solicitations. A recent law change requires us (along with banks, brokerage houses, and other financial institutions) to disclose our Privacy Policy to you - which we are more than happy to do. We hope that by taking a few moments to read it, you will have a better understanding of what we do with the information you provide us and how we keep it private and secure.

PRIVACY POLICY OF THE VACEK LAW FIRM, PLLC

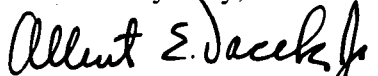
Pursuant to the Gramm-Leach-Bliley Act, Public Law Number 106-102, and the rule issued by the Federal Trade Commission regarding the Privacy of Consumer Financial Information, 16 Code of Federal Regulations, Part 313, law firms which provide tax preparation and tax planning services to their clients are categorized as financial service providers and are required to provide written notices to certain clients regarding disclosure of non-public personal information. As your attorneys, we collect non-public information about you from you, and with your authorization, from third parties such as accountants, financial advisors, insurance companies, their agents and employees, banking institutions, and other advisors. We do **not** disclose any non-public personal information about our clients or former clients to anyone except as permitted by law, or as authorized by that client. If we are authorized by you, we may disclose non-public personal information to unrelated third parties. Such unrelated third parties would include accountants, financial advisors, insurance agents, or government authorities in connection with any estate and tax planning documentation or tax returns prepared by us. We restrict access to non-public personal information about you to employees of our law firm who need to know the information in order to provide legal services to you, and we require those individuals to keep such information confidential. We maintain physical, electronic, and procedural safeguards that comply with Federal Regulations and our rules of ethics to guard your non-public personal information.

ATTORNEY CLIENT PRIVILEGE

While the foregoing federal laws and regulations establish rules and disclosure requirements, they do not limit the attorney-client privilege or the confidentiality rules for information provided to attorneys. The privilege and confidentiality rules are governed by state law, the rules imposed on attorneys under state law and our ethics standards. *In circumstances where applicable federal laws might allow disclosure, we will continue to follow the stricter non-disclosure rules of attorney-client privilege and client confidentiality.*

We value you as clients and are committed to protecting your privacy. Please call us if you have any questions, or if we can be of further service.

Yours very truly,



Albert E. Vacek Jr.

P4905

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For example, take a \$2 million estate. If Dad passes away, we would normally put one-half of the estate (that is his \$1 million half of the estate) into his Decedent's Trust. In this way, we capture his \$1 million dollar exemption so that the Decedent's Trust assets will not be estate taxed when Mom dies. Even the appreciation which will take place in that Trust in the years before Mom's passing will not be taxed on her demise. As you can see, with a \$2 million estate it's easy to decide to fund the two subtrusts.

Things get a little bit more interesting when the estate is less than the exemption amount, for example, a \$1 million estate. Should Mom put \$500,000 into the Decedent's Trust or just put it all into her subtrust (Survivor's Trust) and lose her husband's exemption? If she puts it all into her Survivor's Trust, it would mean a bit less paperwork for her, and her \$1 million exemption might be sufficient to cover the entire estate on her passing. **But here's the rub:** she will have wasted her husband's exemption and can never get it back; and if her estate increases beyond her exemption, her family will owe taxes at her death! In other words, it's hard to visualize her estate growing very much in light of today's depressed market, but what if things turn around and she dies with a \$2 million estate with only a \$1 million exemption? We look at each estate individually to advise you about subtrust funding.

One might argue that the exemptions are due to go up over the next ten years anyway, and that would be sufficient to cover any growth in her estate. However, remember, we may never see that raise in exemption, and the ultimate repeal of the death tax, because of the threats against our country at the present time. President Bush continuously reminds us that the war against terrorism will be a long one. In light of this, we prefer to take a conservative approach in order to reduce taxes and allow for future growth.

STEP 5: THE LIVING TRUST CONTINUES

Recently, a client of mine who is the surviving widow said to me "well, I guess now that my husband has passed away, I no longer need my Living Trust."

I reassured her immediately that she definitely needed to keep her Living Trust in place and properly funded because it would provide **future protection** for her in a couple of ways:

- 1) if she were to become **disabled**, her family would not be forced into court with a humiliating, expensive, and time-consuming guardianship proceeding; and,
- 2) if she were to **die**, her family would not be forced into court for the probate of her estate.

Certainly, it makes sense to keep the Living Trust going for the Survivor. But, it also makes sense to do a little bit of housekeeping with regard to the documentation

when one spouse dies. For example, since Mom has named her husband in her Medical Power of Attorney to make her medical decisions if she becomes disabled, we should probably change that document to name her son or daughter instead since her husband has passed away.


CONCLUSION

A properly funded Living Trust will easily avoid probate on the death of a Founder. It makes good sense to **check your Living Trust** now to make sure that it is properly funded. You will find our free **Review Kit** helpful in this regard.

Should a Founder die, it is important that the family notify us as soon as possible so that we can take whatever action is necessary for tax compliance.

It is anyone's guess as to what the federal government will do with regard to repealing the death tax. In light of the fact that the repeal itself may be repealed and the exemptions might be lowered, it seems to make sense to try to capture as much of the exemption on the death of the first Founder as possible for use in the future.

Continuation of the Living Trust for the Survivor affords peace of mind as well as protection and privacy for the family.

If you would like to set up an appointment to meet with us to review your Living Trust, please call our senior legal assistant, Cathy Driskell, and she will set up a time that is convenient for you. If you have questions, you can also call or e-mail me at consult@vacek.com. 


Susan S. Vacek

Pay For College With A 529 PLAN *continued*

the beneficiary reaches the age of 18. The owner of the account will also have the ability to *change the beneficiaries* to other family members at any time. The owner of the account will also have access to the funds; however, the owner withdrawals are not "qualified," therefore a 10 percent penalty and tax on gains will apply.

Grandparents, as owners of the 529 Plan account, will not affect the eligibility of that student beneficiary for financial aid (that is, if a parent is the owner, the beneficiary may not be able to qualify for financial aid).

Overall, the 529 Plan offers an excellent way to lower your taxable estate, while at the same time providing an effective college savings plan for a beneficiary.

I can help you set up a 529 Plan for your family. Give us a call to set up an appointment so that we can discuss how the 529 Plan will benefit your family. 

P4906

Albert E. Vacek, Jr.

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Houston, TX 77079

Address Service Requested

PRSRT STD
US POSTAGE
PAID
HOUSTON, TX
PERMIT NO. 08545



*Serving your Estate and
Financial Planning needs with
Services and Guidance on:*

*Estate Planning
Asset Protection
Gifting
Estate Taxes
Estate Transfers
Referrals*

Elmer H. Brunsting
Nelva E. Brunsting
13630 PINEROCK LN
HOUSTON TX 77079-5914



In this issue

◆ **FREE ESTATE PLAN REVIEW KIT**

Along with this newsletter you will find an insert that outlines our Estate Plan Review Kit. If you are not one of the 800 or so clients who have already called for your personalized Review Kit, please give our senior legal assistant, Cathy Driskell, a call at your earliest convenience. You will find the Review Kit a fabulous tool to assist you in reviewing your personal estate planning needs.

◆ **WHAT HAPPENS WHEN I DIE? (2002 Update)**

In our Spring-Summer, 2000 edition of *Estate Planning Update*, we reviewed the procedures that are typically followed when someone passes away with a Living Trust estate plan. Now, in light of the changes in estate tax laws passed by Congress in 2001, we felt that it would be a good idea to review this topic again.

◆ **PAY FOR COLLEGE WITH A 529 PLAN**

Congress has now made it easier to save for a child/grandchild's college education, as well as to lower the taxable estate.

◆ **PRIVACY NOTICE**

In accordance with federal law, we have enclosed our Disclosure Notice outlining our privacy policy at the Vacek Law Firm, PLLC. Please call us if you have any questions.

P4907

**THE
VACEK
LAW FIRM,
PLLC**

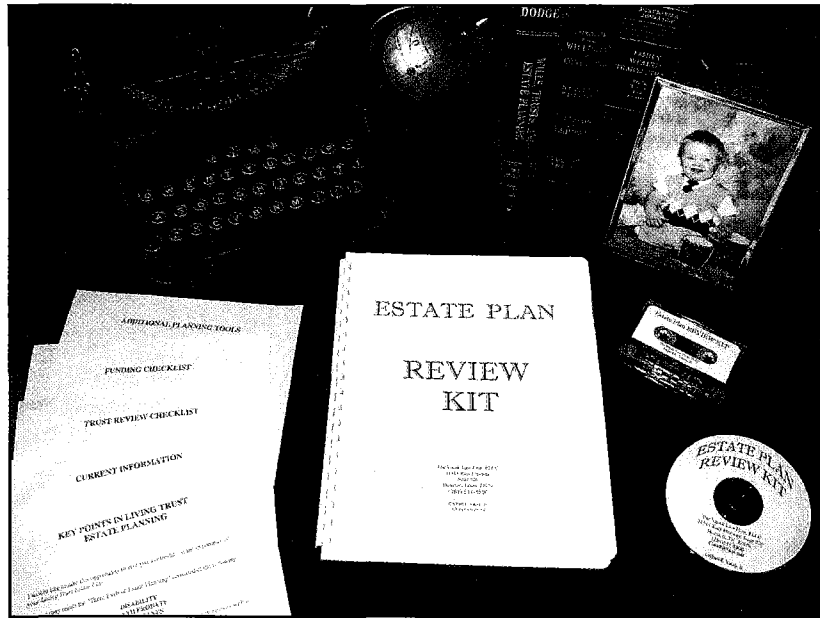
*Albert E. Vacek, Jr. **
Susan S. Vacek



* Board Certified
Estate Planning and Probate Law
Texas Board of
Legal Specialization



**FREE: *ESTATE PLAN
REVIEW KIT***

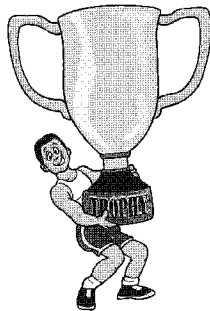


**For information on receiving your FREE Estate Plan Review Kit,
please read our Winter 2001 newsletter or call our office and ask for Cathy Driskell.**

PART ONE:

**“KEY POINTS” IN LIVING TRUST
ESTATE PLANNING**

It may have been several years since you came to see us to setup your living trust estate plan. In many cases I have found that it is a great idea to go back over the reasons why a living trust estate plan is a **superior form of planning** to that of a simple will or power of attorney plan. All of the information set forth in Part One has now been borne out through the years in actual cases. Part One should give you a lot of continued confidence in your living trust estate plan.



PART TWO:

CURRENT INFORMATION

When you receive your Estate Plan Review Kit, we will include your personal data as it is reflected in your file which we keep in our permanent records. This current information sheet will give you an opportunity to **update your records** with us so that we can serve you better as your estate planning attorneys.



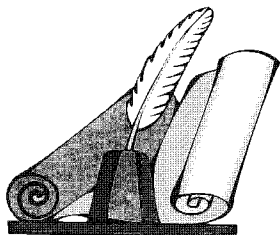
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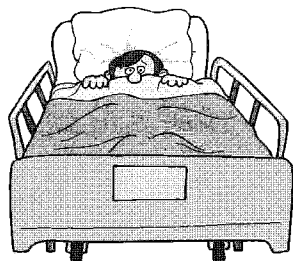
PART THREE:

TRUST REVIEW CHECKLIST

In working with thousands of people over the years, I have seen certain patterns of change which many, if not all, families need to consider from time to time. People change. Finances change. Attitudes change. New kids and grandkids come along. Marriage relationships change. Since things do change, I think you'll find my "**Trust Review Checklist**" to be very interesting reading. I've tried to put together a checklist of things which seem to come up from time to time in discussions with my clients. This will give you a good list to review as you consider your own estate plan and changes which may have impacted it.



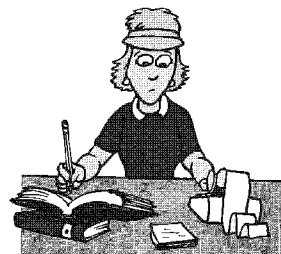
A good example of a change in the law came in 1999 when the Texas Legislature totally revamped the "medical power" (previously called the "health-care power of attorney") as well as the "living will" (also known as the "physician's directive"). The old documents, which most of my clients have, were blessed by the Legislature about 12 years ago. All through those 12 years we have seen certain circumstances arise where the documents did not work as well as they should have. At the end of 1999, the Legislature promulgated new language which is vastly superior to the old documents. We should certainly discuss replacing your **old health-care documents** with the newly promulgated State provisions when we meet for your Three-year Review.



PART FOUR:

FUNDING CHECKLIST

As I have emphasized in my newsletters, seminars, and personal meetings with my clients, funding of one's living trust is very important for one's living trust goals to be met. It has always been my personal goal to avoid the court system for my clients, **entirely**. The last thing that I want to see is one of my clients being forced to go through a guardianship proceeding or their family having to go through probate. Our Kit contains a "**Funding Checklist**" which I think you'll find very helpful in order to make sure that all of your assets have been properly placed into your living trust estate plan. If you happen to notice that some assets have been left out, we can discuss that at your complimentary Three-year Review meeting.



PART FIVE:

ADDITIONAL PLANNING TOOLS

In this chapter of the Kit, I summarize different **planning tools and techniques** that many of our clients have found useful in addition to their living trust plan. Several widely accepted techniques can provide for additional estate tax relief and asset protection from creditors, as well as provide education for kids and grandkids, provide care and support for elderly parents, and a variety of other benefits over and above those benefits provided by your basic living trust estate plan.



P 809

BRUNSTING FAMILY IRREVOCABLE TRUST

Tax ID Number
06519

Branch Number

Restyled Date

ACCOUNT INFORMATION				Date Closed	Closing Reason Code	Customer(s) Authorization To Add New Account
Type	Account #	Date	By			
	933 8019206643	02/20/97				

You begin a deposit account relationship with Bank of America Texas, N.A., by giving us information about yourself, that we place on our computer system, and by signing this agreement.

For most accounts, we'll give you a VERSATEL Card, which you may use to identify yourself at our branches. You may also use your card for VERSATEL Services if you request a personal identification number (PIN).

The *FACTS About Personal Deposit Account Programs Disclosure and Agreement* information we give you is part of this agreement and tells you the current terms at any time. We will inform you of changes that affect your rights and obligations.

ACCOUNT OWNERSHIP

UNIFORM SINGLE-PARTY OR MULTIPLE-PARTY ACCOUNT SELECTION FORM:

The type of account ownership you select will determine how property passes on your death. Your will may not control the disposition of funds held in some of the following account ownerships. See your *FACTS About Personal Deposit Account Programs Disclosure and Agreement Booklet* for details.

Select one of the following account ownerships by placing your initials next to the ownership selected:

(Initials)

- Single-Party Account without Payable on Death Designation
- Convenience Account with Authorized Signers
- Multiple-Party Account without Right of Survivorship Designation
- Convenience Account with Authorized Signers
- Multiple-Party Account with Right of Survivorship Designation
- Convenience Account with Authorized Signers
- Revocable Trust
- Other

TRUSTEE OF DISCLOSED TRUST

CERTIFICATION

Under the penalties of perjury, the first listed designated accountholder (the "Owner") certifies that (check applicable blank):

- (1)(a) The taxpayer identification number (TIN) listed above is Owner's correct taxpayer identification number (or Owner is waiting for a number to be issued); and
- (b) Owner is not subject to backup withholding because (i) Owner is exempt from backup withholding; or (ii) Owner has not been notified by the Internal Revenue Service (IRS) that Owner is subject to backup withholding as a result of a failure to report all interest or dividends; or (iii) the IRS has provided notification that Owner is no longer subject to backup withholding. (NOTE: Owner must strike out this item (b) if Owner has been notified by the IRS that Owner is currently subject to backup withholding because of underreporting interest or dividends on Owner's tax return); or
- (2) The above taxpayer identification number is Owner's correct taxpayer identification number (or Owner is waiting for a number to be issued), but Owner is an exempt recipient under U.S. Income Tax Regulations; or
- (3) Owner is neither a U.S. citizen or resident, or is a foreign corporation, partnership or trust, and qualifies as a "foreign person" under U.S. Income Tax Regulations. (NOTE: On multiple-party accounts in which each multiple-party owner is a foreign person, each must provide this certification.)

AUTHORIZED SIGNATURES

By signing below each accountholder hereby applies for Account(s) at Bank of America Texas, N.A., and its successors and assigns ("BofA") under its *FACTS About Personal Deposit Account Programs Disclosure and Agreement* as in effect from time to time and makes the certification above and the representations and agreements set forth in the *FACTS About Personal Deposit Account Programs Disclosure and Agreement Booklet*, receipt of which is hereby acknowledged.

Each of the undersigned is authorized to act with respect to the account(s) described above and BofA is authorized to act in all matters relating to such account(s) upon the written order of any one of the undersigned until it receives written advice to the contrary from the accountholder or any of its authorized representatives.

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Signature _____ Date _____

Name(s) _____

(Printed) Anita K. Riley

X Anita K. Riley

Signature _____

(Printed) _____

X _____

Signature _____

(Printed) _____

X _____

Signature _____

(Printed) _____

X _____

Signature _____

(Printed) _____

X _____

Signature _____

(Printed) _____

X _____

Signature _____

(Printed) _____

X _____

Signature _____

(Printed) _____

X _____

Signature _____

CUSTOMER

TRUSTEE ACCOUNT/BENEFICIARY INFORMATION

All beneficiaries of this account are individuals. I certify that the funds in this account represent only funds that are beneficially owned by individuals and I agree that no funds will be deposited to this account unless they are beneficially owned by individuals.

Account #	Beneficiary Name	Birthdate	Customer's Initials*

List the account number and the beneficiary information associated with each account.

*Required to confirm designated beneficiary(ies).

Documentation Received: (if applicable)

- | | |
|--|---|
| <input type="checkbox"/> Court Order | <input type="checkbox"/> Trust Agreement |
| <input type="checkbox"/> Letters of Guardianship | <input type="checkbox"/> Letters Testamentary |
| <input type="checkbox"/> Power of Attorney | <input type="checkbox"/> Other _____ |

OVERRIDES

Reasons	Branch Manager's Approval
<input type="checkbox"/> Chex Systems	
<input type="checkbox"/> Opening Deposit Amount	



Cust. Since	New	Change	Renewal	Restyle	Acct. Type Change	Ret.	Chex	Officer 1	Officer 2	Unit #
	X						NO			08519

CUSTOMER 1

Customer Type	Customer Number	Cust. Rel	DOB
I		038	02/12/97
Name	Sex	Address	
BRUNSTING FAMILY IRREVOCABLE TRUST		203 BLOOMINGDALE CIR.	
City	State	Zip	Country
VICTORIA	TX	77904	US
Tax ID Code	Tax Number	SSN Yr.	SSN State
F	766-12-4195		
Area Code	Home Phone	Area Code	Business Phone
State	Driver's License No.	W/H Code	Employee
DL		4	N
Employer	Secondary ID Type		
	Exp. Date		

CUSTOMER 2

Customer Type	Customer Number	Cust. Rel	DOB
I		036	08/07/63
Name	Sex	Address	
ANITA K RILEY	F	203 BLOOMINGDALE CIR.	
City	State	Zip	Country
VICTORIA	TX	77904	US
Tax ID Code	Tax Numl	SSN Yr.	SSN State
S			
Area Code	Home Phone	Area Code	Business Phone
512	576 5732	713	464-4399
State	Driver's License No.	W/H Code	Employee
TX	DL		N
Employer	Secondary ID Type		
	Exp. Date		

CUSTOMER 3

Customer Type	Customer Number	Cust. Rel	DOB
Name	Sex	Address	
City	State	Zip	Country
Tax ID Code	Tax Number	SSN Yr.	SSN State
Area Code	Home Phone	Area Code	Business Phone
State	Driver's License No.	W/H Code	Employee
Employer	Secondary ID Type		
	Exp. Date		

CUSTOMER 4

Customer Type	Customer Number	Cust. Rel	DOB
Name	Sex	Address	
City	State	Zip	Country
Tax ID Code	Tax Number	SSN Yr.	SSN State
Area Code	Home Phone	Area Code	Business Phone
State	Driver's License No.	W/H Code	Employee
Employer	Secondary ID Type		
	Exp. Date		

TRANSACTION ACCOUNT INFORMATION

Acct Type	RA Code	Retire Plan	Account #	Deposit	Analysis Code	Statement Cycle Code	Charge/No Charge	Cycles to Waive	User Code
035			8519206643	8,000.00	301	303	1		

CERTIFICATE OF DEPOSIT INFORMATION

Acct Type	RA Code	Retire Plan	Account #	Deposit	Int. Plan	Int. Pay Method	Int. Freq. ID Term	Term	Rate	Next Interest Date	Maturity Term
1											
2											

Short Name: TRUST BRUNSTING FAMILY I

Source of Funds: CASHIERS CHECK

Open Date: 02/20/97

Prepared By: JOHN BEATY

Account #1 - Transfer Acct. #

Account #2 - Transfer Acct. #

Account #1 - User Code

Account #2 - User Code

ACCOUNT NAME AND ADDRESS **ALT ADDRESS** **INT CHECK** **ATM CARD**

ANITA K RILEY TR OF THE

BRUNSTING FAMILY IRREVOCABLE TRUST

Comments:

Customer 1 Signature	Date	Customer 2 Signature	Date
Customer 3 Signature	Date	Customer 4 Signature	Date

P4912

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