

The Law Offices  
of  
**PETER M. FEAMAN, P.A.**  
Strategic Counselors. Proven Advocates.™

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June 19, 2017

*Via U.S. Mail and email: [carl.lane@myfloridacfo.com](mailto:carl.lane@myfloridacfo.com)*

Captain Carl Lane  
Bureau of Insurance Fraud  
Division of Investigative and Forensic Services  
400 N. Congress Ave., Suite 250  
West Palm Beach, FL 33401

**Re: Report of potential insurance fraud in violation of Florida Statute §817.234(1)(a)(1)**

Dear Captain Lane:

This letter is to follow up on our telephone conversation of last week. The undersigned is Peter M. Feaman, a member of the Florida Bar and a practicing attorney for almost 40 years, having graduated from the University of Miami Law School in 1978. From 1983 until the present, I have been living and practicing law in Palm Beach County.

**--- The Parties ---**

A. My client is William E. Stansbury. He has been a Florida licensed insurance agent for over 35 years. From 2004 to 2012 he worked for a small insurance agency owned 45% by Simon L. Bernstein, 45% by his son Ted Bernstein and 10% by my client, William E. Stansbury. In 2012, Mr. Stansbury became aware of some money practices that cost him over \$2 million and he brought suit in the Circuit Court of Palm Beach County against Simon Bernstein, Ted Bernstein and others. That suit is still pending. After the filing of the suit, Simon Bernstein passed away and his estate, the Estate of Simon Bernstein, is still open in the Palm Beach County Probate Court, Case No. 50 2012 CP 004391 NB IH. It is the conduct of the Personal Representative of the Estate of Simon Bernstein (Robert Spallina), Simon Bernstein's son (Ted Bernstein), and Simon Bernstein's daughter (Pam Bernstein Simon) pertaining to potential insurance fraud that compel my client and I to bring this information to your Bureau.

B. Theodore (Ted) Bernstein is a son of Simon Bernstein and is a licensed life insurance agent in the State of Florida. A copy of his Licensee Details is attached hereto as **Exhibit "1."**

C. Robert Spallina is a former attorney who was the Personal Representative of the Estate of Simon Bernstein and was also Ted Bernstein's personal counsel.

D. Pam Bernstein Simon is a daughter of Simon Bernstein and also licensed as an insurance agent in Florida. A copy of Pamela Simon's Licensee Details is attached as **Exhibit "2"**.

**--- The Acts Giving Rise To This Complaint ---**

Simon Bernstein passed away on September 13, 2012. At the time of his death, Mr. Bernstein personally owned a life insurance policy with Heritage Union Life Insurance Company that had death benefit of approximately \$1.7 million. The beneficiary of the policy was listed on the records of the insurance company as:

Primary: Lasalle National Trust N.A. Trustee

Contingent: Simon Bernstein Insurance Trust dated 6/21/1995 (See **Exhibit "3,"** attached.)

Lasalle National Bank (Lasalle) was the Trustee and primary beneficiary for this policy that was issued in an employee death benefit plan for an Illinois based company that Simon Bernstein owned (S. B. Lexington, Inc.). This company was voluntarily dissolved on 4/3/1998 and the policy ownership was transferred to Simon Bernstein. Lasalle was taken over by Bank of America in 2008. When contacted by Heritage, Bank of America disclaimed any interest in the policy. Because the Primary Beneficiary was out of the picture, Heritage Insurance Company looked to the Contingent Beneficiary, the Simon Bernstein Insurance Trust dated 6/21/1995 to see if the Trust still existed. If the beneficiary of the life insurance policy could not be located, the death benefit would then be payable to the Estate of Simon Bernstein.

It was at this point that the attempt to defraud Heritage Life Insurance Company began, in violation of Florida Statute §817.234(1)(a), which states in pertinent part:

"A person commits insurance fraud punishable as provided in sub-section (11) if that person, with the intent to injure, defraud or deceive any insurer: 1) presents or causes to be presented any written or oral statement as part of or in support of a

claim for payment or other benefit pursuant to an insurance policy ... knowing that such statement contains any false, incomplete or misleading information concerning any fact or thing material to such claim.”

On October 19, 2012, Robert Spallina emailed Pamela Bernstein Simon. In his email, Mr. Spallina acknowledged that if the so-called 1995 Irrevocable Insurance Trust cannot be located, the policy proceeds will be paid to the Estate. A copy of Mr. Spallina’s email of October 19, 2012 is attached as **Exhibit 4.**”

In response to that, Ted Bernstein emailed Mr. Spallina saying, “...we believe we have a solution to the life insurance policy which provides the “desired result.” A copy of this email trail is attached hereto as **Exhibit “4.”**

Thereafter, on October 23, 2012, Robert Spallina emailed the 5 children of Simon Bernstein, including Ted Bernstein and Pam Bernstein Simon, where it is admitted that no one could locate the 1995 “trust instrument” and he is making an “educated guess” that the beneficiaries are the 5 children of Simon Bernstein. He also states that “... we have a friendly carrier and they are willing to process the claim without a copy of the trust instrument.” A copy of this email is attached as **Exhibit “5.”**

On November 19, 2012, Robert Spallina states to Pamela Bernstein Simon in an email that, “We are not responding to them (the insurance company) with the document from 2000. We discussed that and you are carved out under that document. We need to find the 1995 trust ASAP.” A copy of this email is attached as **Exhibit “6.”** THE 1995 TRUST WAS NOT AND HAS NOT EVER BEEN FOUND, NEITHER THE ORIGINAL NOR EVEN A COPY THEREOF.

Robert Spallina then, on behalf of Pamela Bernstein Simon and Ted Bernstein, makes a patently false “Claimant Statement” to Heritage Insurance Company making a claim for the policy death benefit and representing that he is the Trustee of the “Simon Bernstein Irrevocable Insurance Trust.” A copy of the false Claimant Statement (6 pages) is attached as **Exhibit “7.”**

Thereafter, on December 6, 2012, Ted Bernstein, in an email, writes that, “There was an exhaustive search for the original trust document from 1995, ... (and) we have not been able to locate it.” At that point, some document was created to try to induce Heritage to “release proceeds quickly.” A copy of this email is attached as **Exhibit “8.”** Heritage refused to release the funds.

In 2013, after Heritage refused to pay the claim without a Court Order, Ted Bernstein, with Pam Simon's support, filed a Breach of Contract lawsuit in Illinois where Ted Bernstein identified himself as the Trustee of the very same Trust that Robert Spallina, only months earlier, had indicated that he was the Trustee of (as indicated in **Exhibit "7"**). Ted Bernstein and Pam Simon knowingly, and with the intent to mislead Heritage Life Insurance Company, allowed Robert Spallina to file the claim for the life insurance death benefit as its Trustee.

Ted Bernstein claims to be the Trustee of the 1995 Trust and has filed suit in Illinois, which suit is now pending in the United States District Court for the Northern District of Illinois. Interestingly, the attorney representing Ted Bernstein and Pam Bernstein Simon in that action is none other than Pam Simon's brother-in-law, Adam Simon. This 1995 Trust is the same Trust that both Ted Bernstein and Robert Spallina acknowledged was lost and no one really knew what the Trust said or who the Trustee was.

Not all of Simon Bernstein's 5 children were going along with this scheme. Eliot Bernstein, Ted Bernstein's brother, refused to join as a Plaintiff in the Illinois litigation and then intervened, taking a position adverse to his siblings.

--- Motive ---

What is the motive for Ted Bernstein and Pam Bernstein Simon, licensed Florida insurance agents, to try to deceive Heritage and get the policy proceeds payable to them? To keep the money out of the Estate of their late father, Simon Bernstein. If the death benefit was paid to the Estate of Simon Bernstein, Ted and Pam receive NOTHING, because Simon Bernstein's grandchildren, through another Trust, are the monetary beneficiaries of the Estate of Simon Bernstein. If their attempt to get the money from Heritage Life Insurance Company had succeeded, then Simon Bernstein's five children would have been able to split the death benefit and Ted Bernstein and Pamela Bernstein Simon would have each received 20% of the \$1.7 death benefit.

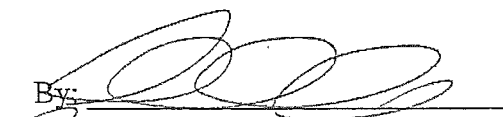
My reading of the statute does not require the perpetrators to succeed at their attempt to deceive an insurer, only that they "present or cause to be presented any written or oral statement as part of or in support of a claim for payment or other benefit pursuant to an insurance policy ... knowing that such statement contains any false, incomplete or misleading information concerning any fact or thing material to such claim."

Captain Carl Lane  
June 19, 2017  
Page 5

Thank you for your attention in this matter. If you have further questions or comments whatsoever, feel free to contact the undersigned.

Very truly yours,

PETER M. FEAMAN, P.A

By:   
Peter M. Feaman

PMF/mk  
Enclosures

JEFF ATWATER, CHIEF FINANCIAL OFFICER  
FLORIDA DEPARTMENT OF FINANCIAL SERVICES

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## Licensee Details

6/11/2017

### Demographic Information

Name of Licensee: BERNSTEIN, TED STUART  
 License #: A020568  
 Business Location: BOCA RATON, FLORIDA

### Types and Classes of Valid Licenses

Type	Original Issue Date	Qualifying Appointment
LIFE INCL VAR ANNUITY & HEALTH(0215)	8/21/2002	YES

### Types and Classes of Active Appointments

LIFE INCL VARIABLE ANNUITY(0214)

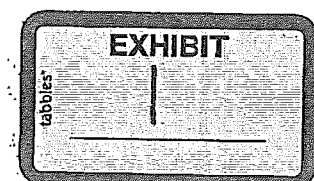
Company Name	Original Issue Date	Exp Date	Type	County
PRUCO LIFE INSURANCE COMPANY	10/28/2008	8/31/2017	STATE	Palm Beach

LIFE INCL VAR ANNUITY & HEALTH(0215)

Company Name	Original Issue Date	Exp Date	Type	County
SYMBTRA LIFE INSURANCE COMPANY	11/30/2016	8/31/2019	STATE	Palm Beach
AMERICO FINANCIAL LIFE AND ANNUITY INSURANCE COMPANY	8/31/2016	8/31/2018	STATE	Palm Beach
STANDARD INSURANCE COMPANY	5/2/2014	8/31/2018	STATE	Palm Beach
SECURITY LIFE OF DENVER INSURANCE COMPANY	12/13/2010	8/31/2017	STATE	Palm Beach
AMERICAN NATIONAL INSURANCE COMPANY	12/12/2002	8/31/2017	STATE	Palm Beach

LIFE(0216)

Company Name	Original Issue Date	Exp Date	Type	County



**JEFF ATWATER, CHIEF FINANCIAL OFFICER**  
**FLORIDA DEPARTMENT OF FINANCIAL SERVICES**

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### Licensee Details

6/11/2017

#### Demographic Information

Name of Licensee: SIMON, PAMELA BETH  
 License #: A243448  
 Business Location: CHICAGO, ILLINOIS

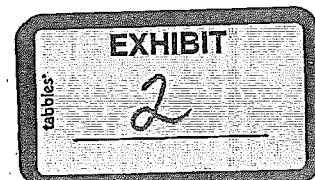
#### Types and Classes of Valid Licenses

Type	Original Issue Date	Qualifying Appointment
NONRESIDENT LIFE(0816)	9/4/1992	YES
NONRESIDENT HEALTH(0840)	1/10/2014	YES

#### Types and Classes of Active Appointments

##### NONRESIDENT LIFE(0816)

Company Name	Original Issue Date	Exp Date	Type	County
PENN MUTUAL LIFE INSURANCE COMPANY	10/29/2014	10/31/2018	STATE	Out of state
PENN INSURANCE AND ANNUITY COMPANY	10/29/2014	10/31/2018	STATE	Out of state
BANNER LIFE INSURANCE COMPANY	7/30/2007	10/31/2017	COUNTY	Palm Beach
BANNER LIFE INSURANCE COMPANY	7/30/2007	10/31/2017	COUNTY	Sarasota
BANNER LIFE INSURANCE COMPANY	7/30/2007	10/31/2017	STATE	Out of state
PRUCO LIFE INSURANCE COMPANY	1/18/2007	10/31/2017	COUNTY	Broward
PRUCO LIFE INSURANCE COMPANY	1/18/2007	10/31/2017	COUNTY	Dade
PRUCO LIFE INSURANCE COMPANY	10/8/2009	10/31/2017	COUNTY	Palm Beach
PRUCO LIFE INSURANCE COMPANY	1/18/2007	10/31/2017	STATE	Out of state
GUARDIAN LIFE INSURANCE COMPANY OF AMERICA	9/24/2013	10/31/2017	STATE	Out of state
PRINCIPAL LIFE INSURANCE COMPANY	5/25/2007	10/31/2017	STATE	Out of state
AXA EQUITABLE LIFE INSURANCE COMPANY	2/1/2011	10/31/2017	STATE	Out of state





November 27, 1995

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

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

RE: SIMON BERNSTEIN  
Policy #1009208

Dear Sir/Madam:

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

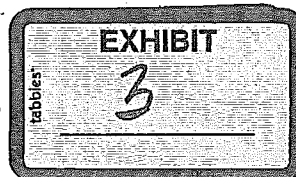
PRIMARY-LASALLE NATIONAL TRUST, N.A.  
TRUSTEE  
CONTINGENT-SIMON BERNSTEIN INS.  
TRUST DATED 6/21/95.

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

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

Sincerely,  
CBL Service Center

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



TS006467



Robert Spallina

From: Ted Bernstein [tbernstein@lifeinsuranceconcepts.com]  
Sent: Friday, October 19, 2012 12:32 PM  
To: Robert Spallina; Pam Simon  
Subject: RE: Update

Robert,

We believe we have a solution to the life insurance policy which provides the desired result. We would like to discuss this with you at your earliest convenience. Until we have this conversation, please do not process anything further with the insurance company as we would like to avoid any unnecessary confusion for them. Pam, her husband Scooter, and I would like to have this initial conversation with you.

Let me know what is good for you and I can coordinate with Pam and Scooter.

Take care...

-----Original Message-----

From: Robert Spallina [mailto:rspallina@tescherspallina.com]  
Sent: Friday, October 19, 2012 7:19 AM  
To: Pam Simon  
Cc: Ted Bernstein  
Subject: Re: Update

Pam - My office is processing the claim as your father was the owner of the policy and the proceeds will likely be paid to the estate in the absence of finding the trust. As I mentioned previously there was a discussion with the carrier about possibly using the 2000 trust (the one you are carved out of but would be split 5 ways according to Ted) but I'm not sure that we will achieve that result. 11:00 on Tuesday your time is my lunch hour. I am out of the office all day and will reach out to you on Monday as my calendar is fairly packed next week and a status call will have to be later in the day sometime next week. Have a nice weekend.

Sent from my iPhone

On Oct 19, 2012, at 6:32 AM, "Pam Simon" <pambsimon@me.com> wrote:

> Hi Robert - I have the ss4 on the 1995 irrevocable trust so we should be able to take care of getting the payment. If you already have the death claim package from the carrier can you overnight it to me and we will take care of the payout? If you don't have the package, can you send me an original death certificate and I will request it from the carrier?

> Also, we would like to do a family status call Tuesday at 11 am  
> Chicago time. Pls let us know if that works for you? Have a nice  
> weekend - Pam Simon

>  
> Thanks  
> Pam

> On Oct 15, 2012, at 10:12 AM, Robert Spallina [mailto:rspallina@tescherspallina.com] wrote:

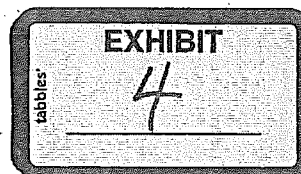
>> Call me now

>>

>> -----Original Message-----

>> From: Pam Simon [mailto:pambsimon@me.com]

1



TS004965

**Eliot Bernstein**

---

**Subject:**

FW: Call with Robert Spallina tomorrow/Wednesday at 2pm EST

**From:** Robert Spallina [mailto:rspallina@tescherspallina.com]

**Sent:** Tuesday, October 23, 2012 2:34 PM

**To:** Jill Iantoni; Eliot Bernstein; Ted Bernstein; Ted Bernstein; Pamela Simon; Lisa Friedstein

**Subject:** RE: Call with Robert Spallina tomorrow/Wednesday at 2pm EST

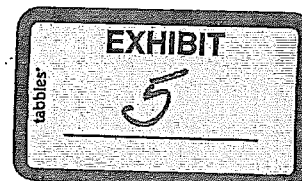
As discussed, I need the EIN application and will process the claim. Your father was the owner of the policy and we will need to prepare releases given the fact that we do not have the trust instrument and are making an educated guess that the beneficiaries are the five of you as a result of your mother predeceasing Si. Luckily we have a friendly carrier and they are willing to process the claim without a copy of the trust instrument. A call regarding this is not necessary. We have things under control and will get the claim processed expeditiously after we receive the form. ✓

Thank you for your help.

Robert L. Spallina, Esq.  
TESCHER & SPALLINA, P.A.  
4856 Technology Way, Suite 720  
Boca Raton, Florida 33431  
Telephone: 561-997-7008  
Facsimile: 561-997-7308  
E-mail: [rspallina@tescherspallina.com](mailto:rspallina@tescherspallina.com)

If you would like to learn more about TESCHER & SPALLINA, P.A., please visit our website at [www.tescherspallina.com](http://www.tescherspallina.com).

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Please have him send me the document for my review and copy all. I want to make sure we have an agreement among all before I speak to the carrier.

From: Pam Simon [<mailto:pambsimon@icloud.com>]  
Sent: Sunday, December 02, 2012 7:39 AM  
To: Robert Spallina  
Cc: Ted Bernstein; Simon David Scooter; Simon Pam  
Subject: Re: Proceeds

Hi Robert - can you call Scooter as he has a copy of the document you can circulate for signatures to release the proceeds. 312-909-0369 Thx

On Nov 19, 2012, at 12:14 PM, "David (Scooter) Simon"  
<[dsimon@stpcorp.com](mailto:dsimon@stpcorp.com)> wrote:

May be available to achieve Si's intended results through waiver and settlement agreement.

Please have Mr. Spallina call my cell phone 312 909 0369

On Nov 19, 2012, at 1:11 PM, "Pam Simon"

<[pambsimon@icloud.com](mailto:pambsimon@icloud.com)> wrote:

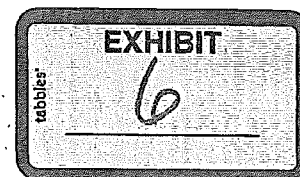
Is the 2000 trust an irrevocable trust?

On Nov 19, 2012, at 11:57 AM, Robert Spallina  
<[rspallina@tescherspallina.com](mailto:rspallina@tescherspallina.com)> wrote:

We are not responding to them with the document from 2000. We discussed that and you are carved out under that document. We need to find the 1995 trust ASAP

From: Pam Simon  
<<mailto:pambsimon@icloud.com>>  
Sent: Monday, November 19, 2012 12:56 PM  
To: Ted Bernstein  
Cc: Robert Spallina  
Subject: Re: Proceeds

Pls send the executed trust document before u respond to heritage



LAW OFFICES  
**TESCHER & SPALLINA, P.A.**

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4855 TECHNOLOGY WAY, SUITE 720  
BOCA RATON, FLORIDA 33431

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SUPPORT STAFF  
DIANE DUSTIN  
KIMBERLY MORAN  
SUANN TESCHER

November 1, 2012

VIA FEDERAL EXPRESS

Claims Department  
Heritage Union Life Insurance Company  
1275 Sandusky Road  
Jacksonville, IL 62651

Re: Insured: Simon L. Bernstein  
Contract No.: 1009208

Dear Sir or Madam:

Enclosed is the Claimant's Statement for the above referenced policy, together with an original death certificate for the insured, Simon Bernstein. We are also enclosing a copy of Internal Revenue Service Form SS-4, Application for Employer Identification Number for the Simon Bernstein Irrevocable Insurance Trust dated June 1, 1995, which is the trust listed as beneficiary of the above referenced policy. We will provide wiring instructions for the trust bank account when you have processed the claim, if possible, in lieu of a check. Finally, we are enclosing a copy of the obituary for the decedent which was published in the Palm Beach Post. We are unable to locate a copy of the original insurance policy.

If you have any questions with regard to the foregoing, please do not hesitate to contact me.

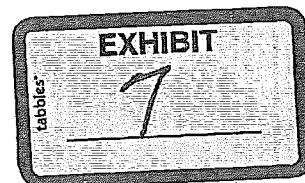
Sincerely,

*Robert L. Spallina/km*

ROBERT L. SPALLINA

RLS/km

Enclosures



TS006456

## CLAIMANT STATEMENT

Heritage Union Life Insurance Company

Mailing Address  
P.O. Box 1600  
Jacksonville, IL 62651-1600

Proof of Loss

Part I

### INSTRUCTIONS

The following items are required for all claims:

- ☐ An original certified death certificate showing the cause of death. Photocopies are not acceptable.
- ☐ The original policy or, if unavailable, an explanation provided in Decedent Information section, space 5 of this form.
- ☐ This claim form completed and signed by the claimant(s).

If the policy has been in force for less than two years during the lifetime of the Insured or if the policy has been reinstated within two years of the Insured's death, then we may perform a routine inquiry into the answers on the application for the policy or reinstatement application of the lapsed policy.

If the death occurred outside of the United States, we will require a Report of the Death of an American Citizen Abroad.

Special Instructions and additional requirements may apply.

- If the beneficiary is the Estate of the Insured, we will also require evidence of the court approved legal representative over the Estate. Please provide the Tax ID number of the Estate of the Insured.
- If the beneficiary is a trust, we will also require a copy of the trust agreement and any amendments, including the signature page(s). Please note the Trustee Certification section of the claim form will also need to be completed by all trustees. Please use the trust's name when completing the Claimant Information section of the claim form and provide the Tax ID number of the trust.
- If the beneficiary is a minor, we will require evidence of court appointed guardianship of the Minor's Estate.
- If the policy is collaterally assigned, we will require a letter from the collateral assignee stating the balance due under the collateral assignment. If the collateral assignee is a corporation, please include a copy of the corporate resolution verifying who is authorized to sign on behalf of the corporation.
- If the primary beneficiary(ies) is (are) deceased, we will require a death certificate for each deceased beneficiary.
- If the policy has a split dollar agreement associated with it, we will require a copy of said agreement.
- If the policy is subject to a Viatical or a Life Settlement transaction, and if the beneficiary is a viatical settlement provider, life settlement provider, the receiver or conservator of viatical or life settlement company, a viatical or life financing entity, trustee, agent, securities intermediary or other representative of a viatical or life settlement provider or an individual or entity which invested in this policy as a viatical or life settlement, please complete questions 19 and 30.

Other requirements may be needed depending on the individual facts of the claim. The company will advise you if other documentation is required.

## CLAIMANT STATEMENT

### FRAUD INFORMATION

**For Residents of Alaska, Arizona, Nebraska, New Hampshire and Oregon:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison.

**For Residents of California:** For your protection California law requires the following notice to appear on this form. Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

**For Residents of Colorado:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

**For Residents of Florida:** Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

**For Residents of Kentucky, Ohio and Pennsylvania:** Any person who knowingly & with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime & subjects such person to criminal and civil penalties.

**For Residents of Maine, Tennessee, and Washington:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

**For Residents of Minnesota:** A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

**For Residents of New Jersey:** Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

**For Residents of New Mexico:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

**For Residents of New York:** Please see the Signature section of this form.

**For Residents of Puerto Rico:** Any person who, knowingly and with intent to defraud, presents false information in an insurance request form, or who presents, helps or has presented a fraudulent claim for the payment of a loss or other benefit, or presents more than one claim for the same damage or loss, will incur a felony, and upon conviction will be penalized for each violation with a fine no less than five thousand (\$5,000) dollars nor more than ten thousand (\$10,000) dollars, or imprisonment for a fixed term of three (3) years, or both penalties. If aggravated circumstances prevail, the fixed established imprisonment may be increased to a maximum of five (5) years; if attenuating circumstances prevail, it may be reduced to a minimum of two (2) years.

**For Residents of All Other States:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

# CLAIMANT STATEMENT

DECEASED INFORMATION			
1. Name of Deceased (Last, First Middle) <b>Bernstein, Simon Leon</b>		2. Last 4 digits of Deceased's Social Security No: <b>5211</b>	
3. If the Deceased was known by any other names, such as maiden name, hyphenated name, nickname, derivative form of first and/or middle name or an alias, please provide them below.			
4. Policy Number(s) <b>1009208</b>		5. If policy is lost or not available, please explain: <b>Unable to locate, policy is 30 years old</b>	
6. Deceased's Date of Death <b>09/13/12</b>	7. Cause of Death <b>natural causes</b>	8. <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Accidental <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Pending	
CLAIMANT INFORMATION			
9. Claimant Name (Last, First, Middle). If trust, please list trust name and complete Trustee Certification section. <b>Simon Bernstein Irrevocable Insurance Trust</b>			
10. Street Address	11. City	12. State and Zip	13. Daytime Phone Number
14. Date of Birth	15. Social Security or Tax ID Number <b>65-617 8916</b>	16. Relationship to Deceased	
17. I am filing this claim as: <input type="checkbox"/> an individual who is named as a beneficiary under the policy <input type="checkbox"/> a Trustee of a Trust which is named as a beneficiary under the policy <input type="checkbox"/> an Executor of Estate which is named as a beneficiary under the policy <input type="checkbox"/> Other			
18. Are you a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No" please list country of citizenship			
19. Policies subject to Viatical / Life Settlement transactions - Are you a viatical settlement provider, life settlement provider, the receiver or conservator of viatical or life settlement company, a viatical or life financing entity, trustee, agent, securities intermediary or other representative of a viatical or life settlement provider; or an individual or entity which invested in this policy as a viatical or life settlement?			<input type="checkbox"/> Yes <input type="checkbox"/> No
CLAIMANT INFORMATION (to be completed by 2nd claimant, if any)			
20. Claimant Name (Last, First, Middle). If trust, please list trust name and complete Trustee Certification section.			
21. Street Address	22. City	23. State and Zip	24. Daytime Phone Number
25. Date of Birth	26. Social Security or Tax ID Number	27. Relationship to Deceased	
28. I am filing this claim as: <input type="checkbox"/> an individual who is named as a beneficiary under the policy <input type="checkbox"/> a Trustee of a Trust which is named as a beneficiary under the policy <input type="checkbox"/> an Executor of Estate which is named as a beneficiary under the policy <input type="checkbox"/> Other			
29. Are you a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No" please list country of citizenship			
30. Policies subject to Viatical / Life Settlement transactions - Are you a viatical settlement provider, life settlement provider, the receiver or conservator of viatical or life settlement company, a viatical or life financing entity, trustee, agent, securities intermediary or other representative of a viatical or life settlement provider; or an individual or entity which invested in this policy as a viatical or life settlement?			<input type="checkbox"/> Yes <input type="checkbox"/> No

**YOUR SIGNATURE IS REQUIRED ON THE NEXT PAGE.**

CLG012F Life Claimant Statement No RAA 12/23/2011

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TS006458

## CLAIMANT STATEMENT

### SETTLEMENT OPTIONS

The policy may contain one or more settlement options, such as Interest Payments, Installments for a Specified Amount, Life Annuity, Life Annuity with Period Certain, and/or Joint Life and Survivorship Annuity. You may choose to receive a lump sum payment or another settlement option available in the policy under which a claim is made. For more information, refer to the optional methods of policy settlement provision in the policy or contact us at the mailing address noted on the front of the claim form.

If you wish to select a settlement option, please indicate your settlement selection by name (not by number) on the line below after you have carefully reviewed the options available in the policy. Availability of settlement options are subject to the terms of the policy. If you do not choose a settlement option, we will send a lump sum settlement to you.

Name of Settlement Option from Policy

### Important Information About the USA PATRIOT Act

To help fight the funding of terrorism and money-laundering activities, the U.S. government has passed the USA PATRIOT Act, which requires banks, including our processing agent bank, to obtain, verify and record information that identifies persons who engage in certain transactions with or through a bank. This means that we will need to verify the name, residential or street address (no P.O. Boxes), date of birth and social security number or other tax identification number of all account owners.

### SUBSTITUTE FOR IRS FORM 990

This information is being collected on this form versus IRS form W-9 and will be used for supplying information to the Internal Revenue Service (IRS). Under penalty of perjury, I certify that 1) the tax ID number above is correct (or I am waiting for a number to be issued to me), 2) I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the IRS that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and 3) I am a U.S. person (including a U.S. resident alien). Please cross through item 2 if you have been notified by the IRS that you are subject to backup withholding because you have failed to report all interest and dividends on your tax return.

### SIGNATURES

I/We do hereby make claim to said insurance, declare that the answers recorded above are complete and true, and agree that the furnishing of this and any supplemental forms do not constitute an admission by the Company that there was any insurance in force on the life in question, nor a waiver of its rights or defenses.

For Residents of New York: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

For Residents of All Other States: See the Fraud Information section of this claim form.

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 of Claimant and Title

Date

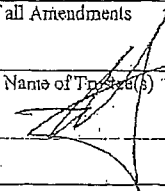
Signature of Second Claimant, if any, and Title

Date



# CLAIMANT STATEMENT

## TRUSTEE CERTIFICATION

TRUSTEE CERTIFICATION (to be completed only if trust is claiming proceeds)	
<p>COMPLETE THIS SECTION ONLY IF A TRUST IS CLAIMING BENEFITS. Please include a copy of the trust agreement, including the signature page(s) and any amendments.</p> <p>I/We, the undersigned trustee(s), represent and warrant that the copy of the trust agreement, which we will provide you pursuant to this certification, is a true and exact copy of said agreement, that said agreement is in full force and effect, and that we have the authority to make this certification.</p> <p>Generation Skipping Transfer Tax Information - THIS MUST BE COMPLETED FOR PAYMENT</p> <p>I/We the undersigned, on oath, deposes and states as follows with respect to the possible application of the Generation Skipping Transfer (GST) tax to the death benefit payment (Mark the appropriate item):</p> <p><input type="checkbox"/> 1. The GST tax does not apply because the death benefit is not included in the decedent's estate for federal estate tax purposes.</p> <p><input type="checkbox"/> 2. The GST tax does not apply because the GST tax exemption will offset the GST tax.</p> <p><input checked="" type="checkbox"/> 3. The GST tax does not apply because at least one of the trust beneficiaries is not a "skipped" person.</p> <p><input type="checkbox"/> 4. The GST tax does not apply because of the reasons set forth in the attached document (Please attach document setting forth the reasons why you believe the GST tax does not apply.)</p> <p><input type="checkbox"/> 5. The GST tax may apply. As a result, the death benefit payment IS subject to withholding of the applicable GST tax. Enclosed is the completed Schedule R-1 (Form 706) for submission to the Internal Revenue Service.</p>	
Name of Trust	Date of Trust Agreement
Simon Bernstein Irrevocable Insurance Trust	06/01/1995
Date of all Amendments	Trust Tax ID Number
	65-6178916
Printed Name of Trustee(s)	Signature(s)
a.  Robert L. Spallina	
b. _____	_____
c. _____	_____
d. _____	_____

Hi > his address is:

TESCHER & SPALLINA, P.A.  
Boca Village  
Corporate Center I  
4855 Technology Way  
Suite 720  
Boca Raton, Florida 33431

From: Pam Simon [mailto:[psimon@stpcorp.com](mailto:psimon@stpcorp.com)]  
Sent: Thursday, December 06, 2012 10:52 AM  
To: Jill Iantoni  
Cc: Ted Bernstein; [lisa.friedstein@gmail.com](mailto:lisa.friedstein@gmail.com); [iviewit@gmail.com](mailto:iviewit@gmail.com); [iviewit@iviewit.tv](mailto:iviewit@iviewit.tv)  
Subject: Re: Life Insurance - agreement

Thanks theo - will email u signed one today and fed x spallina - do u have his address?

On Dec 6, 2012, at 10:00 AM, "Jill Iantoni" <[jilliantoni@gmail.com](mailto:jilliantoni@gmail.com)> wrote:

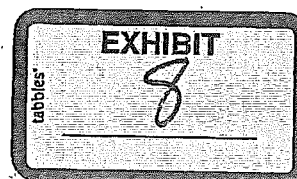
Great. Thanks Ted for handling this!!

Jill

On Thu, Dec 6, 2012 at 8:58 AM, Ted Bernstein <[tbernstein@lifeinsuranceconcepts.com](mailto:tbernstein@lifeinsuranceconcepts.com)> wrote:

Hello,

Good news; the Heritage Union Life Insurance company is ready to make payment on the policy that insured Dad. There was an exhaustive search for the original trust document from 1995, which is the beneficiary of the policy owned by Dad. Since we have not been able to locate it, the attached agreement will permit the insurance company to make payment to a Trust account that will then distribute the proceeds in equal parts to the 5 of us. Robert Spallina recommended that I distribute this document so it can be reviewed by each of you, signed and then it can be submitted to the carrier. Please sign the document where applicable. Then email to me the signature page and Fedex the original to Robert Spallina's office. Once we have all signatures, the carrier should release proceeds quickly.



## Trish Roth

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**From:** Susan Johnson  
**Sent:** Monday, June 19, 2017 4:35 PM  
**To:** carl.lane@myfloridacfo.com  
**Cc:** Peter M. Feaman; G Dieterle; Jeff Royer; Trish Roth; Maryanne Koskey  
**Subject:** Report of Potential Insurance Fraud  
**Attachments:** letter to Captain Carl Lane with evidence package.pdf

Attached is a letter from Peter M. Feaman, Esquire.

Susan L. Johnson  
Legal Assistant  
PETER M. FEAMAN, P.A.  
3695 West Boynton Beach Boulevard  
Suite 9  
Boynton Beach, FL 33436  
Telephone: 561-734-5552  
Facsimile: 561-734-5554  
[www.feamanlaw.com](http://www.feamanlaw.com)

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