

Jackson National Life Insurance Company  
 PO Box 305153, Nashville TN 37230-5153  
 Phone 800-437-8854 Fax 803-333-7879  
 Visit us at [REDACTED]



## PAYMENT NOTICE

✓ DARREN K INDYKE PLLC  
 575 LEXINGTON AVENUE  
 FLOOR #4  
 NEW YORK NY 10022

20 year term ends Nov. 2018

Policy Value \$5,000,000

~~14,990~~

POLICY NO.	INSURED	DUE DATE	DESCRIPTION	AMOUNT
VILD004735	JEFFREY E EPSTEIN	11/19/17	ANNUAL PREMIUM DUE	\$9,382.40

### IMPORTANT INFORMATION:

AMOUNT DUE \$9,382.40

Paying by check authorizes Jackson National Life Insurance Company to send the information from your check electronically to your bank for payment. Your account will be debited in the amount of your check and the transaction will appear on your bank statement. You will not receive your cancelled check back. If we cannot post the transaction electronically, you authorize us to present a copy of your check for payment.

Payment must be received by the due date shown above or your policy will enter its grace period and will terminate if the renewal premium is not received by the last day of the grace period, unless your policy has a net cash value and provides for and coverage continues under any of the following: 1) a nonforfeiture option, 2) an option to discontinue premium payments, or 3) an automatic premium loan election. Common nonforfeiture options are the purchase of extended term insurance, the purchase of reduced paid-up insurance or you may surrender your policy for the net cash value. Refer to your policy for time limits and options available.

✓ Nov 19 2018 policy ends  
 OR can continue to insured age of 95

estimated  
 premium

For NOV 2018 \$105,375

Nov 2019 \$116,425

Nov 2020 \$128,325

Nov 2021 \$141,275

RETAIN THIS PORTION FOR YOUR RECORDS  
 RETURN THIS PORTION WITH YOUR PAYMENT

POLICY NUMBER VILD004735	INSURED'S NAME JEFFREY E EPSTEIN
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MAKE CHECK PAYABLE TO Jackson National Life Insurance Company

- Making multiple full payments.
- Mailing address change indicated on back.

Enclose your payment with this coupon and send to:

Jackson National Life Insurance Company  
 PO Box 371425  
 Pittsburgh, PA 15250-7425

Amount Due on 11/19/17	\$9,382.40
Premium Payment	\$9,382.40 \$
Less Premium Reduction	\$0.00 \$
Loan Repayment	\$0.00 \$
Total Amount Due	\$9,382.40 \$
Additional Payment	\$
Total Amount Enclosed	\$

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