Form **712**
(Rev. Sept. 1978)
Department of the Treasury
Internal Revenue Service

Life Insurance Statement

Part I **Decedent—Insured (File with Federal Estate Tax Return, Form 706)**

1 Decedent's first name and middle initial	2 Decedent's last name	3 Decedent's social security number (if known)	4 Date of death

5 Name and address of insurance company

6 Kind of policy		7 Policy number	
8 Owner's name. Please attach copy of application.	9 Date issued	10 Assignee's name. Please attach copy of assignment.	11 Date assigned
12 Amount of premium		13 Names of beneficiaries	

14 Face amount of policy	$
15 Indemnity benefits	$
16 Additional insurance	$
17 Other benefits	$
18 Principal of any indebtedness to the company deductible in determining net proceeds	$
19 Interest on indebtedness (item 18) accrued to date of death	$
20 Amount of accumulated dividends	$
21 Amount of post-mortem dividends	$
22 Amount of returned premium	$
23 Amount of proceeds if payable in one sum	$
24 Value of proceeds as of date of death (if not payable in one sum)	$

25 Policy provisions concerning deferred payments or installments.

31 Names of companies with which decedent carried other policies and amount of such policies if this information is disclosed by your records

Part II Living Insured
(File with Federal Gift Tax Return, Form 709. May be Filed with Federal Estate Tax Return, Form 706, where Decedent Owned Insurance on Life of Another)

SECTION A.—General Information

32 First name and middle initial of donor (or decedent)	33 Last name	34 Social security number

35 Date of gift for which valuation data submitted . . . . . ▶
36 Date of decedent's death for which valuation data submitted . . . . . ▶

SECTION B.—Policy Information

37 Name of insured	38 Sex	39 Date of birth

40 Name and address of insurance company

41 Kind of policy	42 Policy number	43 Face amount	44 Issue date

45 Gross premium	46 Frequency of payment

47 Assignee's name	48 Date assigned

49 If irrevocable designation of beneficiary made, name of beneficiary	50 Sex	51 Date of birth, if known	52 Date designated

53 If other than simple designation, quote in full. (Attach additional sheet if necessary.)

54 If policy is not paid-up:
- (a) Interpolated terminal reserve on date of assignment or irrevocable designation of beneficiary . . . . . .
- (b) Add proportion of gross premium paid beyond date of assignment or irrevocable designation of beneficiary . . . . . .
- (c) Add adjustment on account of dividends to credit of policy . . . . . .
- (d) Total (add amounts on lines (a), (b), and (c)) . . . . . .
- (e) Outstanding indebtedness against policy . . . . . .
- (f) Net total value of the policy (for gift or estate tax purposes) (subtract amount on line (e) from amount on line (d)) . . . . . .

55 If policy is either paid-up or a single premium:
- (a) Total cost, on date of assignment or irrevocable designation of beneficiary, of a single-premium policy on life of insured at attained age, for original face amount plus any additional paid-up insurance (additional face amount $.....). If a single-premium policy for the total face amount would not have been issued on the life of the insured as of the date specified, nevertheless, assume that such a policy could then have been purchased by the insured and state the cost thereof, using for such purpose the same formula and basis employed, on the date specified, by the company in calculating single premiums) . . . . . .
- (b) Adjustment on account of dividends to credit of policy . . . . . .
- (c) Total (add amounts on line (a) and line (b)) . . . . . .
- (d) Outstanding indebtedness against policy . . . . . .
- (e) Net total value of policy (for gift or estate tax purposes) (subtract amount on line (d) from amount on line (c))

The undersigned officer of the above-named insurance company hereby certifies that this statement sets forth true and correct information.

Signature ▶ Title ▶ Date of Certification ▶

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