

# Life Insurance Statement

**Part I Decedent—Insured (To be Filed 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. If decedent is not the owner, please attach copy of application.	9 Date issued	10 Assignor's name. Please attach copy of assignment.	11 Date assigned
12 Value of the policy at the time of assignment	13 Amount of premium	14 Names of beneficiaries	

15 Face amount of policy . . . . .	\$
16 Indemnity benefits . . . . .	\$
17 Additional insurance . . . . .	\$
18 Other benefits . . . . .	\$
19 Principal of any indebtedness to the company deductible in determining net proceeds . . . . .	\$
20 Interest on indebtedness (item 19) accrued to date of death . . . . .	\$
21 Amount of accumulated dividends . . . . .	\$
22 Amount of post-mortem dividends . . . . .	\$
23 Amount of returned premium . . . . .	\$
24 Amount of proceeds if payable in one sum . . . . .	\$
25 Value of proceeds as of date of death (if not payable in one sum) . . . . .	\$
26 Policy provisions concerning deferred payments or installments. <i>Note: If other than lump-sum settlement is authorized for a surviving spouse, please attach a copy of the insurance policy.</i> . . . . . . . . . . . . . . .	\$
27 Amount of installments . . . . .	\$
28 Date of birth, sex, and name of any person the duration of whose life may measure the number of payments. . . . . . . . . . . . . . . .	\$
29 Amount applied by the insurance company as a single premium representing the purchase of installment benefits . . . . .	\$
30 Basis (Mortality table and rate of interest) used by insurer in valuing installment benefits.	
31 Was the insured the annuitant or beneficiary of any annuity contract issued by the company? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No	
32 Names of companies with which decedent carried other policies and amount of such policies if this information is disclosed by your records. . . . . . . . . . . . . . . .	

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 ▶

## Instructions

**Statement of Insurer.**—This statement must be made, on behalf of the insurance company which issued the policy, by an officer of the company having access to the records of the company. For purposes of this statement, a facsimile signature may be used in lieu of a manual signature and, if used, shall be binding as a manual signature.

**Separate Statements.**—A separate statement must be filed for each policy.

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

33 First name and middle initial of donor (or decedent) | 34 Last name | 35 Social security number
36 Date of gift for which valuation data submitted
37 Date of decedent's death for which valuation data submitted

SECTION B.—Policy Information

38 Name of insured | 39 Sex | 40 Date of birth
41 Name and address of insurance company
42 Kind of policy | 43 Policy number | 44 Face amount | 45 Issue date
46 Gross premium | 47 Frequency of payment
48 Assignee's name | 49 Date assigned
50 If irrevocable designation of beneficiary made, name of beneficiary | 51 Sex | 52 Date of birth, if known | 53 Date designated
54 If other than simple designation, quote in full. (Attach additional sheet if necessary.)

55 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))
56 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 \$.....).
(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