

# Life Insurance Statement

**PART I.—Decedent—Insured (To be Filed with Federal Estate Tax Return, Form 706)**

<b>1</b> Decedent's first name and middle initial	<b>2</b> Decedent's last name	<b>3</b> Decedent's social security number (if known)	<b>4</b> Date of death
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**5** Name and address of insurance company

<b>6</b> Kind of policy	<b>7</b> Policy number
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<b>8</b> Owner's name. If decedent is not the owner, please attach copy of application.	<b>9</b> Date issued	<b>10</b> Assignor's name. Please attach copy of assignment.	<b>11</b> Date assigned
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<b>12</b> Value of the policy at the time of assignment	<b>13</b> Amount of premium	<b>14</b> Names of beneficiaries
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<b>15</b> Face amount of policy . . . . .	\$
<b>16</b> Indemnity benefits . . . . .	\$
<b>17</b> Additional insurance . . . . .	\$
<b>18</b> Other benefits . . . . .	\$
<b>19</b> Principal of any indebtedness to the company deductible in determining net proceeds . . . . .	\$
<b>20</b> Interest on indebtedness (item 19) accrued to date of death . . . . .	\$
<b>21</b> Amount of accumulated dividends . . . . .	\$
<b>22</b> Amount of post-mortem dividends . . . . .	\$
<b>23</b> Amount of returned premium . . . . .	\$
<b>24</b> Amount of proceeds if payable in one sum . . . . .	\$
<b>25</b> Value of proceeds as of date of death (if not payable in one sum) . . . . .	\$

**26** Policy provisions concerning deferred payments or installments.

*Note: If other than lump-sum settlement is authorized for a surviving spouse, please attach a copy of the insurance policy.*

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<b>27</b> Amount of installments . . . . .	\$
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**28** Date of birth, sex, and name of any person the duration of whose life may measure the number of payments.

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<b>29</b> Amount applied by the insurance company as a single premium representing the purchase of installment benefits . . . . .	\$
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**30** Basis (Mortality table and rate of interest) used by insurer in valuing installment benefits.

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**31** Was the insured the annuitant or beneficiary of any annuity contract issued by the company? . . . . .  **Yes**     **No**

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

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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**

**Paperwork Reduction Act Notice.**—The Paperwork Reduction Act of 1980 says we must tell you why we are collecting this information, how we will use it, and whether you have to give it to us. We ask for the information to carry out the Internal Revenue laws of the United States. We need it to ensure that you are complying with these laws and to allow us to figure and collect the right amount of tax. You are required to give us this information.

**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**

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

**SECTION B.—Policy Information**

<b>38</b> Name of insured	<b>39</b> Sex	<b>40</b> Date of birth	
<b>41</b> Name and address of insurance company			
<b>42</b> Kind of policy	<b>43</b> Policy number	<b>44</b> Face amount	<b>45</b> Issue date
<b>46</b> Gross premium		<b>47</b> Frequency of payment	

