Form **712**
(Rev. January 1989)
Department of the Treasury
Internal Revenue Service

Life Insurance Statement

OMB No. 1545-0022
Expires 2-28-91

Part I **Decedent—Insured (To Be Filed With United States 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 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 (see instructions)	14 Name 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 . . . . . $

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.

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

from you. You can write to IRS or the Office of Management and Budget at the addresses listed in the instructions of the tax return with which this

Part II **Living Insured**

(File With United States Gift Tax Return, Form 709. May Be Filed With United States 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 sheets if necessary.)

55 If policy is not paid up:

- **a** Interpolated terminal reserve on date of death, assignment or irrevocable designation of beneficiary . . . . . .
- **b** Add proportion of gross premium paid beyond date of death, 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 death, 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 ▶

☆U.S. Government Printing Office: 1989-242-473/80087