

Life Insurance Statement

Part I Decedent—Insured (To be filed by the executor with **Form 706**, United State Estate (and Generation-Skipping Transfer) Tax Return, or **Form 706-NA**, United States Estate (and Generation-Skipping Transfer) Tax Return, Estate of nonresident not a citizen of the United States.)

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 Type of policy		7 Policy number	
8 Owner's name. If decedent is not owner, attach copy of application.	9 Date issued	10 Assignor's name. 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 that is deductible in determining net proceeds . . .	\$
20 Interest on indebtedness (line 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, 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 (or appropriate Federal agency or retirement system official) 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 that 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.—File a separate Form 712 for each policy.

Line 13.—Report on line 13 the annual premium, not the cumulative premium to date of death. If death occurred after the end of the premium period, report the last annual premium.

Paperwork Reduction Act Notice.—We ask for the information on this form to carry out the Internal Revenue laws of the United States. You are required to give us the information. 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 not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The time needed to complete and file this form will vary depending on individual circumstances. The estimated average time is: **Recordkeeping**, 18 hours, 25 minutes; **Learning about the form**, 6 minutes; **Preparing the form**, 18 minutes.

If you have comments concerning the accuracy of these time estimates or suggestions for making this form simpler, we would be happy to hear from you. See the instructions for the tax return with which this form is filed. **DO NOT** send the tax form to that office. Instead, return it to the executor or representative who requested it.

Part II Living Insured

(File with **Form 709**, United States Gift (and Generation-Skipping Transfer) Tax Return. May also be filed with **Form 706**, United States Estate (and Generation-Skipping Transfer) Tax Return, or **Form 706-NA**, United States Estate (and Generation-Skipping Transfer) Tax Return, Estate of nonresident not a citizen of the United States, 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 Type 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 lines a, b, and c)		
e Outstanding indebtedness against policy		
f Net total value of the policy (for gift or estate tax purposes) (subtract line e from 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 lines 56a and 56b).		
d Outstanding indebtedness against policy		
e Net total value of policy (for gift or estate tax purposes) (subtract line 56d from line 56c)		

The undersigned officer of the above-named insurance company (or appropriate Federal agency or retirement system official) hereby certifies that this statement sets forth true and correct information.

Signature ▶ Title ▶ Date of Certification ▶

