

Life Insurance Statement

Part I Decedent—Insured (To be filed by the executor 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.)

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			15 \$
16 Indemnity benefits			16 \$
17 Additional insurance			17 \$
18 Other benefits			18 \$
19 Principal of any indebtedness to the company that is deductible in determining net proceeds			19 \$
20 Interest on indebtedness (line 19) accrued to date of death.			20 \$
21 Amount of accumulated dividends			21 \$
22 Amount of post-mortem dividends			22 \$
23 Amount of returned premium			23 \$
24 Amount of proceeds if payable in one sum			24 \$
25 Value of proceeds as of date of death (if not payable in one sum)			25 \$
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>			
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27 Amount of installments			27 \$
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			29 \$
30 Basis (mortality table and rate of interest) used by insurer in valuing installment benefits.			
31 Were there any transfers of the policy within the three years prior to the death of the decedent? . . .			<input type="checkbox"/> Yes <input type="checkbox"/> No
32 Date of assignment or transfer: / /			
Month Day Year			
33 Was the insured the annuitant or beneficiary of any annuity contract issued by the company? . . .			<input type="checkbox"/> Yes <input type="checkbox"/> No
34 Did the decedent have any incidents of ownership on any policies on his/her life, but not owned by him/her at the date of death? . . .			<input type="checkbox"/> Yes <input type="checkbox"/> No
35 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 ► _____
 Cat. No. 10170V Form **712** (Rev. 5-2000)

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

36 First name and middle initial of donor (or decedent)	37 Last name	38 Social security number
39 Date of gift for which valuation data submitted ▶		
40 Date of decedent's death for which valuation data submitted ▶		

SECTION B—Policy Information

41 Name of insured	42 Sex	43 Date of birth	
44 Name and address of insurance company			
45 Type of policy	46 Policy number	47 Face amount	48 Issue date
49 Gross premium		50 Frequency of payment	
51 Assignee's name			52 Date assigned
53 If irrevocable designation of beneficiary made, name of beneficiary	54 Sex	55 Date of birth, if known	56 Date designated
57 If other than simple designation, quote in full. (Attach additional sheets if necessary.)			

58 If policy is not paid up:				
a Interpolated terminal reserve on date of death, assignment, or irrevocable designation of beneficiary	58a			
b Add proportion of gross premium paid beyond date of death, assignment, or irrevocable designation of beneficiary	58b			
c Add adjustment on account of dividends to credit of policy	58c			
d Total (add lines 58a, b, and c)			58d	
e Outstanding indebtedness against policy			58e	
f Net total value of the policy (for gift or estate tax purposes) (subtract line 58e from line 58d)			58f	
59 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 \$ _____)	59a			
(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	59b			
c Total (add lines 59a and 59b)			59c	
d Outstanding indebtedness against policy			59d	
e Net total value of policy (for gift or estate tax purposes) (subtract line 59d from line 59c)			59e	

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 hrs., 11 min.
- Learning about the form** 6 min.
- Preparing the form** 23 min.

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.

