Form **712**(Rev. April 2006) Department of the Treasury Internal Revenue Service

Life Insurance Statement

OMB No. 1545-0022

Pa	·	•	6, United States Estate (and Generation-Skip Tax Return, Estate of nonresident not a citize	
1		Decedent's last name	3 Decedent's social security number (if known)	
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 p	remium (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 co			19 \$
20	Interest on indebtedness (line 19) accru			20 \$
21	Amount of accumulated dividends			21 \$
22	Amount of post-mortem dividends			22 \$
23				23 \$
24	Amount of proceeds if payable in one s		24 \$	
25	Value of proceeds as of date of death (i			25 \$
	Note. If other than lump-sum settlemer the insurance policy.			
27	Amount of installments			27 \$
28	Date of birth, sex, and name of any person t	he duration of whose life r		
29	Amount applied by the insurance cominstallment benefits			29 \$
30	Basis (mortality table and rate of interes		_	
31 32	Were there any transfers of the policy w Date of assignment or transfer:			
33	Was the insured the annuitant or benefit	•	ntract issued by the company?	🗆 Yes 🗆 No
34	Did the decedent have any incidents of	of ownership on any po	olicies on his/her life, but not own	ed by
25			mount of auch policies if this information	
35	Names of companies with which decedent ca	·	mount of such policies if this information	• •
	undersigned officer of the above-named insurance co true and correct information.	empany (or appropriate federal	I agency or retirement system official) hereby	certifies that this statement sets
Signa	ature ►	Title ▶	Date of	Certification ►

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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	ı					
36	First name and middle initial of d	e and middle initial of donor (or decedent) 37 Last name					38 Social security number		
39 40	Date of gift for which valuation d Date of decedent's death for whi						Ė	; 	
	Date of decodering death for win		–Policy Information		<u> </u>				
41	Name of insured		-		42 S	ex	43	Date of birth	
44	Name and address of insurance	company							
45	Type of policy	46 Policy number			47 F	ace amount	48	Issue date	
49	Gross premium					0 Frequency of		payment	
51	Assignee's name						52	Date assigned	
53	If irrevocable designation of beneficiary	eficiary made, name of	54 Sex			ate of birth, known	56	Date designated	
 58	If policy is not paid up:								
а	Interpolated terminal reserve on designation of beneficiary			58a					
b	Add proportion of gross premium or irrevocable designation of ben	n paid beyond date of	death, assignment,	58b					
	Add adjustment on account of di Total. Add lines 58a, b, and c.			58c		58d			
е	Outstanding indebtedness against	st policy			· ·	58e 58f			
f 59	f Net total value of the policy (for gift or estate tax purposes). Subtract line 58e from line 58d If policy is either paid up or a single premium:								
	Total cost, on date of death, a beneficiary, of a single-premium poriginal face amount plus any adamount \$	ssignment, or irrevoca policy on life of insured ditional paid-up insurar	at attained age, for nce (additional face	59a					
	(If a single-premium policy for th issued on the life of the insured as that such a policy could then have the cost thereof, using for such pur on the date specified, by the com	of the date specified, no e been purchased by th pose the same formula a	evertheless, assume ne insured and state and basis employed,						
	Adjustment on account of dividends to credit of policy					59c			
d	Total. Add lines 59a and 59b					59d	_		
e Net total value of policy (for gift or estate tax purposes). Subtract line 59d from The undersigned officer of the above-named insurance company (or appropriate federal agency or reti								a ototoment ant-	
forth	ture ture	ланое сотпрану (от арргорна	Title ▶	nont system	D	ate of ertification	iai IIII	5 Statement SetS	

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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 I	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.