

Applicable Insurance Contracts Information Return

(For tax-exempt organizations and government entities under section 6050V)

Part I Identifying Information. See instructions for the required filing date.

1 Structured transaction date (MM/DD/YYYY) / /	2 Structured transaction identifier (STI) STI	3 <input type="checkbox"/> Initial <input type="checkbox"/> Corrected <input type="checkbox"/> Updated
4a Name of applicable exempt organization		4b Employer identification number
4c Number and street (or P.O. box if mail is not delivered to street address)		
4d City or town, state or country, and ZIP + 4		
4e Website address ►		
4f State in which organized (or country, if foreign)		
5 Organization's role in the structured transaction (check all that apply): <input type="checkbox"/> Contract owner <input type="checkbox"/> Contract beneficiary <input type="checkbox"/> Provide insurable interest <input type="checkbox"/> Other (specify) ►		
6 Check the appropriate box identifying your type of organization: <input type="checkbox"/> Religious, charitable, scientific, literary, educational, amateur sports, or similar organization <input type="checkbox"/> Governmental organization <input type="checkbox"/> Fraternal society operating on a lodge system <input type="checkbox"/> Indian tribal government <input type="checkbox"/> Veterans' organization <input type="checkbox"/> Cemetery company <input type="checkbox"/> Employee stock ownership plan		
7 Enter amounts received or expected to be received by your organization under the structured transaction:		
a Amounts received as of the filing date of this Form 8921		7a
b Amounts expected to be received in the future		7b

Part II Parties to the Structured Transaction

Attach additional sheets, if necessary	A	B	C
8a Name of party			
8b Party's social security or employer identification number			
8c Address of party			
8d Party's role in the structured transaction	<input type="checkbox"/> Creditor <input type="checkbox"/> Investor <input type="checkbox"/> Broker/advisor <input type="checkbox"/> Contract owner <input type="checkbox"/> Contract beneficiary <input type="checkbox"/> Other ►	<input type="checkbox"/> Creditor <input type="checkbox"/> Investor <input type="checkbox"/> Broker/advisor <input type="checkbox"/> Contract owner <input type="checkbox"/> Contract beneficiary <input type="checkbox"/> Other ►	<input type="checkbox"/> Creditor <input type="checkbox"/> Investor <input type="checkbox"/> Broker/advisor <input type="checkbox"/> Contract owner <input type="checkbox"/> Contract beneficiary <input type="checkbox"/> Other ►
8e Type of party	<input type="checkbox"/> Individual <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust <input type="checkbox"/> Government <input type="checkbox"/> Other ►	<input type="checkbox"/> Individual <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust <input type="checkbox"/> Government <input type="checkbox"/> Other ►	<input type="checkbox"/> Individual <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust <input type="checkbox"/> Government <input type="checkbox"/> Other ►
8f Check box if foreign	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8g Check box if an applicable exempt organization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8h If a trust, partnership, or corporation, enter the number of beneficiaries, partners, members or stockholders			
8i Total amounts paid or to be paid by the party under the structured transaction			
8j Total amounts received by the party under the structured transaction as of the filing date			
8k Total amounts to be received by the party under the structured transaction in the future			
8l Check box if a portion or all of the amounts reported on line 8j or line 8k is to be paid from death, endowment, or annuity benefits.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part III Applicable Insurance Contract Forms

Attach additional sheets, if necessary		A	B
9	Contract form identifier		
10a	Insurer's name		
10b	Insurer's employer identification number (EIN)		
10c	State in which insurer is organized (or country, if foreign)		
11	Applicable insurance contract type	<input type="checkbox"/> Life insurance <input type="checkbox"/> Deferred annuity <input type="checkbox"/> Immediate annuity	<input type="checkbox"/> Life insurance <input type="checkbox"/> Deferred annuity <input type="checkbox"/> Immediate annuity
12a	Earliest date on which an applicable insurance contract was issued	/ /	/ /
12b	Latest date on which an applicable insurance contract was issued	/ /	/ /
12c	Number of policies issued		
12d	Check if contract is group insurance	<input type="checkbox"/>	<input type="checkbox"/>
13a	Premium structure	<input type="checkbox"/> Fixed in contract <input type="checkbox"/> Life of insured <input type="checkbox"/> ____ years <input type="checkbox"/> Discretionary	<input type="checkbox"/> Fixed in contract <input type="checkbox"/> Life of insured <input type="checkbox"/> ____ years <input type="checkbox"/> Discretionary
13b	Aggregate premiums: first year		
13c	Aggregate premiums: remaining years		
14a	Aggregate value of death or endowment benefits at issue date		
14b	Range of contract death or endowment benefits: smallest/largest	/	/
15a	Type of immediate annuity payments (see instructions)	<input type="checkbox"/> Fixed or <input type="checkbox"/> Variable <input type="checkbox"/> Inflation-indexed	<input type="checkbox"/> Fixed or <input type="checkbox"/> Variable <input type="checkbox"/> Inflation-indexed
15b	Aggregate monthly annuity payments at issue		
15c	Range of contract monthly annuity payments: smallest/largest	/	/
16a	Aggregate amount of policy loans		
16b	Aggregate amount of other contract distributions		
17	Investment options (check all that apply)	<input type="checkbox"/> No option <input type="checkbox"/> Guaranteed interest <input type="checkbox"/> Bond or equity funds <input type="checkbox"/> Other ►	<input type="checkbox"/> No option <input type="checkbox"/> Guaranteed interest <input type="checkbox"/> Bond or equity funds <input type="checkbox"/> Other ►
18a	Number of insureds: males/females	/	/
18b	Average age of insureds		
18c	Age range at issue: youngest/oldest	/	/
19a	Number of insureds that are donors to your organization		
19b	Donations received from insureds in most recently completed calendar year		

20 Attach a description of the structured transaction for which this Form 8921 is being filed. See instructions.

21 Attach copies of related documents, including representative copies of applicable insurance contracts issued as part of the structured transaction for which this Form 8921 is being filed. (Identify such contracts with the contract form identifiers reported in line 9.) Also include any contracts governing the obligations of persons described in lines 8a through 8l and any agreements covering the relationship of your organization to such persons. Include promotional materials (including financial projections) provided to your organization, to your donors, or to other persons who have directly or indirectly held an interest in the applicable insurance contracts.

Part IV Signature

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Please Sign Here

Signature of authorized person	Date
Type or print name	
Title	() Telephone number