## 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-Skipp Tax Return, Estate of nonresident not a citize	
1	Form 706-NA, United States Estate (and Generation-Skipping Transfer) Tax Return, Estate of nonresident not Decedent's first name and middle initial  2 Decedent's last name  3 Decedent's social security (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 cor			19 \$
20	Interest on indebtedness (line 19) accrue			20 \$
21	Amount of accumulated dividends			21 \$
22	Amount of post-mortem dividends			22 \$
23				23 \$
24	Amount of proceeds if payable in one su			24 \$
25	Value of proceeds as of date of death (if			25 \$
	Note. If other than lump-sum settlementhe insurance policy.			
27				27 \$
28	Date of birth, sex, and name of any person the	ne duration of whose life n	may measure the number of payments.	
29	Amount applied by the insurance components installment 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 benefic	•	ntract issued by the company?	🗆 Yes 🗆 No
34	Did the decedent have any incidents o	f ownership on any po	olicies on his/her life, but not owne	ed by
35	Names of companies with which decedent ca	•	•	• •
	undersigned officer of the above-named insurance co true and correct information.	mpany (or appropriate federal	agency or retirement system official) hereby	certifies that this statement sets
Sian	ature ▶	Title ▶	Date of	Certification ►

Page 2 Form 712 (Rev. 4-2006)

Part II	Livina	Insured
	FIVILIA	II I J G I C G

Signature >

(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-G	eneral Information					
36	First name and middle initial of donor (or decedent)  37 Last name					38 Soci	cial security number	
39	Date of gift for which valuation d			•	Ė	•		
40	Date of decedent's death for whi	ch valuation data submit	ted			•		
		SECTION B—F	olicy Information					
41	Name of insured				12 S	ЭХ	43	Date of birth
44	Name and address of insurance	company						
45	Type of policy	46 Policy number			<b>17</b> Fa	ace amount	48	Issue date
49	Gross premium	1			<b>50</b> Fr	equency of	payment	
51	Assignee's name						52	Date assigned
53	If irrevocable designation of bene beneficiary	eficiary made, name of	<b>54</b> Sex			ate of birth, known	56	Date designated
58	If policy is not paid up:							
а	Interpolated terminal reserve on			58a				
h	designation of beneficiary							
	or irrevocable designation of ben	58b						
	Add adjustment on account of di	58c		E04	1			
	<b>Total.</b> Add lines 58a, b, and c. Outstanding indebtedness against			58d	_			
	Net total value of the policy (for g					58f	_	
59	If policy is either paid up or a sin							
а	Total cost, on date of death, as beneficiary, of a single-premium poriginal face amount plus any add amount \$	oolicy on life of insured at ditional paid-up insurance	e designation of attained age, for e (additional face	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 divider	59b						
	<b>Total.</b> Add lines 59a and 59b			<u>59</u> c	_			
	Outstanding indebtedness agains Net total value of policy (for gift or			59d	_			
The u	indersigned officer of the above-named insutrue and correct information.				icial) he			s statement sets
Signa	ture ▶		Title ▶			ate of ertification		

Title ▶

Form 712 (Rev. 4-2006) Page **3** 

## 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			1	8 ł	nrs.	, 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.